

SCHOOLS, HEALTH CARE,
AND THE
COMMUNITY

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This paper is the final report of the Mission Hill-Parker Hill conference on their schools, health care, and community. The background, procedures and assumptions of this study are presented. The schools in Mission Hill-Parker Hill are discussed, including sites for new schools, middle schools, community participation, and cooperation among city agencies. The vocational-technical education for careers in the health field is explored and recommendations are given. Health care in the Mission Hill-Parker Hill is likewise explored and recommendations are made. Citizen participation in planning and operating programs is discussed with alternatives and suggestions. A partial list of persons consulted and maps are included. The list of recommendations in this study include: (1) specific boundary problems will lead to imbalance in the schools, (2) a health manpower training program is needed to meet the needs of nearby Boston, and (3) the hospitals and universities agree that they should provide better, more comprehensive health care for the community. The research reported herein was funded under Title III of the Elementary and Secondary Education Act. (Author/KJ)

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Proposals for Collaboration in Mission Hill-
Parker Hill and in Greater Boston

Final Report
of the
Mission Hill-Parker Hill Summer Study
Harvard Graduate School of Education
Cambridge, Massachusetts

by
John D. Herzog
and
Chester E. Finn, Jr.

Presented to Office of Program Development
Boston Public Schools

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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other agency or individual.

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Acknowledgements

We wish to express our sincere gratitude to the hundreds of people who assisted our work. Many of these persons are listed in Appendix I. We apologize to those whose names have been inadvertently omitted.

Special recognition is due the Boston School Committee, for making the study possible; Superintendent William H. Ohrenberger, for his warm encouragement of it, Mr. Herbert Forsell of Boston's Office of Program Development, for his patience and cooperation; and Mr. Frederick Hickler of the Affiliated Hospitals Center, Inc., for his vision and persistence during the many months when it seemed that the Study would never be launched.

The staff of the Summer Study, and in particular the undersigned, takes full responsibility for the contents of the present Report.

John D. Herzog
Chester E. Finn, Jr.

A Note to Residents of Mission Hill-Parker Hill:

We try, in this Report, to express your aspirations and ideas, as you expressed them to us. If we have failed to do so accurately, there are two explanations: 1) we did not understand you; 2) you disagree among yourselves.

We also discuss the plans and problems of the "outside" institutions of your neighborhood. We do not think that your interests, and the institutions', are necessarily in conflict. We know that the hospitals and universities will not simply "go away," as a few of you have wistfully suggested. We think that you can work out ways of living with the institutions, even exploiting them honorably.

In any event, many of the Summer Study staff will continue to push on the ideas proposed in this Report, although the Study, proper, is finished. The ideas are not finally formed; we can still (and will) change them if better proposals come along. We hope that we can count on your continued advice and collegueship, and thank you once again for your patience and good will during the summer.

The Summer Study staff

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Summary of Recommendations
in the
Final Report
of the
Mission Hill-Parker Hill Summer Study

Schools in Mission Hill-Parker Hill.

1. Current plans for the boundaries of the school district around the Jefferson-Bulfinch replacement are defective; they will produce a badly "imbalanced" school. Alternate boundaries are proposed, which would balance the new school, not further imbalance the Martin District, and relieve overcrowding at the Kennedy and Wyman Schools. (pp. 11, 14-15)
2. A site across Heath Street for the Jefferson-Bulfinch replacement is preferable to the site currently designated. (pp. 15-16)
3. The Board of Education should permit and encourage the Boston Schools, the institutions of Mission Hill-Parker Hill, and the residents of the community to take aggressive steps to plan, build, and operate "magnet schools" in the neighborhood. The Board is asked to make a major change in its policies: to approve new schools in the neighborhood as potential catalysts for racial balance, rather than approving them only after balance has apparently been achieved (on paper). (pp. 16-17)
4. Contours of the Martin District should remain as they are now, with the possible addition of the Milmore School's area and students. (pp. 18-19)
5. The Tobin School is an excellent facility, but other elementary buildings in the Martin District should be abandoned as soon as possible. A new 1000-student elementary school could be constructed on the 10.4-acre "Quarry site," now owned in large part by Harvard. The University might exchange this land for the Farragut School site. (pp. 19-23)
6. A middle school to serve the revised Jefferson and slightly enlarged Martin Districts could be located on the site of the Parker Hill Playground and Robert Breck Brigham Hospital. (pp. 24-25)
7. Each of the preceding proposals is a tentative suggestion, to serve as the agenda for extended discussions with neighborhood residents. Maximum community participation in the development and implementation of policies is essential for the realization of all proposals in this Report. (pp. 25-27)

8. The Boston School Department is the logical convener of a "consortium" of agencies and individuals concerned about the future of Mission Hill-Parker Hill. The immediate tasks of the consortium would be to develop schools and improved medical services for the neighborhood. Represented in the consortium should be neighborhood groups, the hospitals, the universities, the Schools, and other city agencies, public and private. (pp. 28-32, 50-51)
9. Cooperation among City departments in Mission Hill-Parker Hill leaves much to be desired. Improvement will be obtained only through intervention at the highest levels: Mayor, Superintendent of Schools, etc. (p. 32)
10. Demographic information currently available on Boston children is dangerously outdated. The State Board of Education is urged to file legislation to require regular enumerations of all children (not just public school children) in the Commonwealth. (pp. 33-34)

A Health Manpower Training Program in Boston.

11. The Boston Schools are urged to develop a vigorous health manpower training component within the planned Technical-Vocational Center, on a scale large enough to meet the health manpower needs of the entire Greater Boston area. (pp. 37-38)
12. The health manpower component will be soundly conceived only if it is developed on a genuinely collaborative basis with the Greater Boston medical community. Such collaboration might serve as a model for the organization of other areas of the Tech-Voc Center's curriculum. (p. 38)
13. An alliance of medical agencies, universities, and community leaders is forming to support the creation of an experimental health manpower training program at Hawthorne House, an educational community center in Roxbury. The Schools should join this alliance, participate in experiments on its "neutral ground," and amalgamate proven practices to the Tech-Voc Center. (pp. 38-39)
14. The Hawthorne House consortium should attempt to include the Boston School Department as a major partner in its efforts. (pp. 39-40)
15. Efforts to narrow the focus and goals of the Hawthorne House program must be resisted. A wide range of programs is required: pre-secondary, post-secondary, literary training, motivational training, etc. Development of "career ladders" in the health industry should be a major concern of the consortium. (pp. 38, 40)

Health Care in Mission Hill-Parker Hill.

16. New schools in Mission Hill-Parker Hill (and elsewhere in the city) should include generous quarters for the provision of comprehensive, family-oriented health care. (p. 44)
17. The School Department should continue to explore possible means of collaboration with other agencies interested in health services in Mission Hill-Parker Hill: the Bromley Heath Family Health Center, proponents of the Harvard Prepaid Medical Care plan, and planners of the proposed Mission Hill-Parker Hill Mental Health Center. (pp. 44-45)
18. A careful study of Boston's present School Health Program is long overdue. What should be the future role of this program? (p. 45)
19. The hospitals and universities of Mission Hill-Parker Hill should join and provide initial financing for the proposed consortium for neighborhood development (see #8, above). They should work with neighborhood residents and organizations for the long-range benefit of the entire community. (pp. 46-47)
20. The hospitals (and universities) of Mission Hill-Parker Hill seem to agree that they owe their neighbors a better deal in the provision of comprehensive health care. The development of new services and programs must be pushed vigorously: improved clinics, prepaid care for low-income persons, "medical expeditors" to help people find their paths through the hospitals' mazes, collaboration with the Schools, etc. (pp. 46-47)

Section 1: BACKGROUND, PROCEDURES, AND ASSUMPTIONS OF THE STUDY

Background of the Planning Project

The present report follows more than two years of discussion and negotiation. Title III of the Elementary and Secondary Education Act of 1965 made funds available to local school systems to plan and conduct "Programs to Advance Creativity in Education" (PACE). In January of 1966 the Affiliated Hospitals Center, Inc., applied through the Boston School Department's Office of Program Development for Title III planning funds. Affiliated Hospitals in an amalgamation of several teaching hospitals associated with the Harvard Medical School, and was initially interested in designing a K-9 school to serve children who would live in a 1700-unit housing complex Affiliated planned as a part of a large new medical center near Huntington Avenue and Fenwood Road. The Title III money was to design a family health program for the school, and to plan the school itself.

The Affiliated Hospitals received a modest Title III award, but was unable to assemble the necessary staff. In the autumn of 1966, Mr. Frederick D. Hickler, an architect and the principal Affiliated Hospitals staff member at that time, approached the Harvard Graduate School of Education for advice and assistance in planning the new school and its auxiliary health program. After several months of discussion, Mr. Hickler and HGSE faculty agreed to broaden the scope of the project to include various possibilities of educational-medical collaboration in Boston, among them specifically the entire range of educational programs in Mission Hill-Parker Hill, comprehensive health care for the neighborhood, patterns of medical employment, paramedical training, and community development. These enlarged objectives interested several HGSE faculty members and graduate students, and were approved as appropriate by the contracting authorities.

Beginning in the early spring of 1967, an informal group from the School of Education met weekly with Mr. Hickler and with other consultants. The early discussions were mostly theoretical, but they generated enough ideas and enough enthusiasm that it was decided to use most of the Affiliated Hospitals' Title III award for a planning staff to work intensively during the summer of 1967.

Mr. John D. Herzog, Executive Director of the Center for Research and Development on Educational Differences at HGSE, became Director of the summer project, and with Mr. Hickler assembled a planning staff of seventeen people, including themselves. Due to technical difficulties in arranging sub-contracts on short notice, Affiliated Hospitals returned its Title III funds to the Boston School Department, which then executed individual contracts with twelve staff members. The remaining members of the planning group received their salaries from Harvard or Affiliated Hospitals.

The resulting staff was extremely diverse. It included several HGSE Faculty members, graduate and undergraduate students from other parts of the University, a law student, an anthropologist, a social worker, a clinical psychologist, a medical economist, and an architect, all with a good deal of relevant experience. The actual planning activities began in June, 1967, under the general direction of Mr. Herzog.

Procedures

At the beginning of the summer (mid-June), the staff divided into sub-groups corresponding to topics which were logical sub-divisions of the Study's main assignment. The topics and groups included: a) "the community" (Mission Hill-Parker Hill and its residents); b) hospitals and social agencies in and surrounding the area; c) educational institutions in and surrounding the area; d) medical manpower employment trends; e) medical manpower training opportunities; f) innovative health care practices; g) possible sources of funds. We decided to consider the national picture as well as local problems, and to explore trends and ideas as well as people and agencies.

The entire staff was dedicated to the notion of involving Mission Hill-Parker Hill residents in the planning process, to the maximum extent practicable. This determination plunged us into a subtle but real dilemma: "planning" seems to imply promises, or at least increased expectations, of better things to come. Yet most of the residents whom we came to know had been "surveyed" and "planned with" ad nauseam, and the neighborhood possessed precious little to show for it. Thus, we tried to deal with our community associates with extreme frankness, perhaps bordering on pessimism at times. More important, we paid an hourly stipend (from University funds) to the neighborhood persons who took part in formal planning sessions. They were thus assured of at least one tangible benefit from their work with us, and received the dues of expert consultants (which, indeed, they were, on many issues).

In dealing with the professional community, other complications developed. Many key individuals, although happy to talk to the Summer Study staff, were pessimistic about the possible success of large-scale collaborative efforts (particularly ones involving cooperation among the hospitals), and correspondingly reluctant to commit anything more than their own time, vital as that was in itself. Relatively quickly we reached a stage in our work when we could tell Professional B that Professional A had already expressed a deep interest in a particular proposal, and this problem began to ease; however, we were never able to solve it completely. Several Study sub-groups attempted to hold small meetings, to which they invited individuals who had previously, but privately, expressed support or enthusiasm for a particular undertaking. These efforts met with both great and small success, partly because the summer was not long enough

to schedule the necessary number of meetings, partly because key participants' vacation schedules kept removing them from the scene.

The community-oriented sub-groups (a, b, and c, above) concentrated on gaining familiarity with the Mission Hill-Parker Hill neighborhood, tracking down and analyzing written and statistical records, as well as trying to meet community leaders and "ordinary" residents. Other groups found their inquiries leading across the Boston metropolitan area, and (in the case of the manpower training and innovative health care teams) on field trips to Springfield and New York City. The efforts of a full-time research librarian augmented the fieldwork, and an extensive file and library now exist on each of the topics formally investigated by the staff.

The Study's sub-groups were given about a month -- later extended to six weeks -- to make initial contacts and to prepare tentative recommendations for consideration by the entire staff. The several teams reported in early and mid-August, after we decided that the Final Report should consist of an introduction and four separate sections: on new schools for Mission Hill-Parker Hill, on health manpower training for Greater Boston, on improved health care for Mission Hill-Parker Hill, and on the general notion of "community participation" and its particular importance for Mission Hill-Parker Hill.

Accordingly, the six original sub-groups were reconstituted into four writing "teams," each of which had approximately ten days to prepare a section of the Final Report, and to check out its recommendations, so far as possible, with community and institutional representatives who had been previously contacted. Working under these pressures and in relative isolation from each other, the teams were unable to produce manuscripts which could be amalgamated into a single consistent and coherent document. The present Final Report, which completes the contractual obligations of the staff to the School Committee, was written during the months of September and October by the senior staff of the Study, drawing heavily upon the findings and recommendations of the four writing teams. These additional efforts were provided at no cost to the Federal Government or the Boston Schools.

The documents produced by the writing teams possess considerable value, in and of themselves; in this Final Report we make repeated and crucial references to them. We are therefore issuing the manuscripts, at University expense, as Background Papers to the Summer Study, even though their actual status, as it finally developed, was that of internal memoranda for staff members. The following Background Papers will be available from the Harvard Graduate School of Education:

- #1: Schools in Mission Hill-Parker Hill: School Improvement & Community Schools, by Davenport Plumer.
- #2: Training and Employment in the Medical Industry, by Amy Kovner.
- #3: Health Care in Mission Hill-Parker Hill: Present Services, Potential Services, and Recommendations for Action, by Robert Rafsky.

Assumptions

A planning project requires the making of assumptions: the planner cannot return to fundamentals on all issues before offering his suggestions. But it is incumbent upon the planner to articulate these assumptions, as well as he can, both to himself in the course of his work, and to his "clients" upon presentation of his report. If this effort at clarification is neglected, the report is likely to be confused, and its recommendations misunderstood.

The staff of the Summer Study attempted to formulate its basic assumptions on numerous occasions, sometimes deliberately, more often tangentially to some other issue. By the end of August, we had arrived at the following list of "first principles", which are reflected (we believe) in succeeding sections of this document:

1. Most important, we make the premise of "good will": that is, we assume that each of the agencies and individuals with whom we dealt during the summer is trying its/his best to do a good job, as this is defined by the agency/individual. Specifically, we posit that the Boston Schools are attempting to provide the best possible education; that the hospitals seek to offer the best possible health care; and that the Church, other community organizations, and community leaders are striving to improve and benefit their entire neighborhood. This assumption partly explains the relative lack of scolding and recrimination in the present report.
2. We also assume that individuals and institutions which do not often communicate with each other may possess similar or mutually reinforcing interests, the existence of which they do not suspect. It is possible for "third parties" to maneuver such persons and/or agencies into positions of propinquity, in which they discover their common intentions and goals.

3. Planning that leads to no action is frivolous; it is bad planning. The staff was less concerned to produce elegant surveys and un-assailable documentation than to identify mutual interests and promising points of leverage, from which programs of action could be developed.

4. Boston is a world medical capital; Boston is also one of the nation's centers of educational excellence. Boston is therefore a highly appropriate locale in which to attempt efforts at collaboration between the medical and educational professions, on problems (such as medical manpower training and family health care) which common sense suggests require cooperative efforts for comprehensive solutions.

5. The staff of the Summer Study was legally responsible to the Boston School Committee, but it also felt a more general commitment to the people and agencies of Mission Hill-Parker Hill, whose hopes and problems brought the study into being. For this reason, the recommendations go far beyond the sorts usually offered to the School Department by outside consultants.

6. Effective planning for a neighborhood -- of schools, clinics, housing, etc. -- requires the participation of potentially affected citizenry. But dramatically new procedures must be devised to bring about constructive participation. (This point is discussed frequently in the Report, particularly Section 5.)

7. Education may no longer be conceived as roughly synonymous with "the three R's" and secondary school extensions thereof, although it definitely includes these. The entire environment in which a child grows up, and in which an adult lives and works, is potentially educational. Conditions of modern urban living require that educators take an interest in, and ultimately a sensitive responsibility for, increasingly broader slices of the total environment.

8. As a corollary, technical and vocational education must cease to be treated as "less than equal" by schoolmen, university scholars, and businessmen. The development of new modes and models of tech-voc education is an important challenge to be faced by educators and others who take seriously the concept of "expanded education" suggested above.

9. New forms must be found for the delivery of physical and mental care to middle- and low-income populations. Many advances in medical technology are not available to persons who could benefit from them. The problem is a social, political, and economic one, not medical.

10. A population living cheek-by-jowl to one of the world's heaviest concentrations of medical talent and facilities should enjoy exemplary health care. Nonetheless, the people of Mission Hill-Parker Hill do not. Our realization of this paradox has been a powerful stimulus to our planning.

Section 2: SCHOOLS IN MISSION HILL-PARKER HILL

Many agencies and persons are currently interested in the schools of Mission Hill-Parker Hill. The Boston Public Schools and the Public Facilities Commission plan major construction in the neighborhood in the near future. In addition, the Boston Redevelopment Authority, Action for Boston Community Development, the adjacent hospitals, the Mission Church, the nearby universities and colleges, and several neighborhood organizations are thinking long and hard about educational opportunities both offered and desired. Mission Hill-Parker Hill is unique in Boston for the array of resources which are potentially available to its schools.

However, these resources will not be beneficially exploited unless the School Department takes an aggressive role in coordinating and harmonizing them. In fact, left to their own devices the several agencies may well destroy the schools and the community which they hope to assist. This section of the Report is aimed at increasing the likelihood of the first possibility, and minimizing the chances of the second. But the hour is late.

The chief concern of the School Department must remain, of course, the strictly "educational" program in the schools for which it has primary responsibility. However, it is increasingly evident to all observers, in the School Department as well as outside, that these days "education" means more than "schooling"; that "community" means more than "pupils"; that a "community school" is more than a fancy new physical structure. In the paragraphs that follow, we do not mean to suggest that the School Department itself provide all of the services suggested for the new schools in Mission Hill-Parker Hill. We do urge the School Department to take steps toward other agencies and toward the people of the neighborhood so that the additional services do come into being and are vigorously maintained. Such a recommendation may require new legislation, changed budgetary procedures, and dramatically closer cooperation among many State and City departments. The School Department should demand the necessary assistance in bringing about these changes. We are convinced that it is the appropriate agency to take the initiative.

Currently, there are five public elementary schools and one Catholic elementary school in the Mission Hill-Parker Hill neighborhood. There are no junior high or "middle" schools, although two of the elementary schools (one public, one parochial) include seventh and eighth grade classes. Basic data on the elementary schools are presented in the first parts of Table 1 and Table 2. The second parts of the tables contain similar information for the junior high schools which most Mission Hill-Parker Hill children attend, and data on elementary schools in adjacent neighborhoods which are mentioned later in this section.

Table 1

Schools in and near Mission Hill-Parker Hill

<u>Schools</u>	<u>Built</u>	<u>Grades</u>	<u>Rooms</u>	<u>Capacity</u> ⁽¹⁾	<u>Enrollment</u> 1967
a) Located in Mission-Parker Hill					
Martin District					
Tobin	1959	K-8	26	760	779
Allen	1901	K-2	6	200	166
Farragut	1904	K-6	12	340	326
Totals:				<u>1300</u>	<u>1271</u>
Jefferson District					
Jefferson ⁽²⁾	1904	K-6	18	665	493
Bulfinch ⁽³⁾	1911	K-6	14	340	334
Totals:				<u>1005</u>	<u>827</u>
Lady of Perpetual Help (parochial)	1889	1-8	26	—	900 (est.)
b) Located adjacent to MH-PH					
Kennedy District					
Kennedy ⁽⁴⁾	1963	K-6	31	875	780
Wyman	1892	K-3	9	315	295
Totals:				<u>1190</u>	<u>1075</u>
Prince District					
Milmore	1929	K-6	7	260	143 ⁽⁵⁾
Blessed Sacrament (parochial)	—	1-5	—	—	420
Junior High Schools					
Mary E. Curley	1931	7-9	40	1678	1004
Elementary "colony"		K-3	—	—	192
Timilty	1937	7-9	28	980	619
Totals:				<u>2658</u>	<u>1815</u>

Notes:

- (1) Capacity computed according to public safety standards by number of rooms and number and location of egresses, and not by educational standards.
- (2) More than half of Jefferson School students live outside of MH-PH, south of Heath Street.
- (3) A minority of Bulfinch School students live outside of MH-PH, along Columbus Ave. between Jackson Square and Roxbury Crossing.
- (4) As of 9/67 two classrooms of Kennedy School students were housed in portable classrooms at the Jefferson.
- (5) 1966 figure; 1967 figure not released by State Department of Education

Table 2

<u>Enrollments by Race in Schools in and near Mission Hill-Parker Hill</u>						
<u>Schools</u>	<u>Non- White Enrollment 1967</u>	<u>White Enrollment 1967</u>	<u>Total 1967</u>	<u>% Non- White 1967</u>	<u>% Non- White 1966</u>	<u>% Non- White 1964</u>
<u>a) Located in Mission- Parker Hill</u>						
Martin District						
Tobin (K-8)	535	244	779	69	66	54
Allen (K-2)	158	8	166	95	95	95
Farragut (K-6)	174	152	326	53	57	55
Totals:	867	404	1271	68		
Jefferson District						
Jefferson (K-6)	203	290	493	42	31	25
Bulfinch (K-6)	190	144	334	57	56	30
Totals:	393	434	827	48		
Lady of Perpetual Help (parochial; 1-8)	—	—	900	5(est.)	—	—
<u>b) Located adjacent to MH-PH</u>						
Kennedy District						
Kennedy (K-6)	308	472	780	39	38	35
Wyman (K-3)	103	192	295	35	25	—
Totals:	411	664	1075	38		
Prince District						
Milmore (K-6)	43 ⁽¹⁾	100 ⁽¹⁾	143 ⁽¹⁾	—	30	22
Blessed Sacrament (parochial; 1-5)	—	—	420	5(est.)	—	—
Junior High Schools						
Mary E. Curley	306	698	1004	30	28	22
Elementary "colony"	0	192	192	0	0	2
Timilty	608	11	619	98	96	87
Totals:	1014	901	1815	56		

Note:

(1) 1966 figures; 1967 figures not yet released by State Department of Education.

Also located in the neighborhood are four city-wide senior high schools: Boston Latin School, Boston English High School, Boys' Trade High School, and the Mission Hill High School (Catholic). Only a few blocks to the east are the sites of the planned Madison Park High School and (perhaps) the Technical-Vocational Center. During the past summer we were in touch with several other groups, official and otherwise, which were examining the provision of secondary education in Boston, including MH-PH. Accordingly, we will not touch on this subject in the present Report, except in Section 3 where we make specific suggestions for a city-wide health occupations training program on the secondary and post-secondary levels.

Mission Hill-Parker Hill is also the location of many institutions of higher education: Boston State College, Emmanuel College, the Harvard Schools of Medicine and of Public Health, Massachusetts College of Art, Massachusetts College of Pharmacy, Northeastern University, Simmons College, Wentworth Institute, Wheelock College, as well as schools of nursing and other training institutions associated with the teaching hospitals. With the exception of Boston State College, which has long collaborated with the Public Schools in making the Tobin its "model school" for teacher training purposes, these institutions until recently have been uninterested in the affairs of the neighborhood which surrounds them.

In assessing the possibilities for the development of the schools in MH-PH, we are impressed that certain aspects of the situation are clear and irretrievable, while concerning others there is doubt and confusion. Among the "clear" factors are the following:

1. Current School Committee policy establishes that new elementary schools will include classes from pre-kindergarten through fifth grade; middle schools (grades six through eight) will replace junior high schools; and high schools will become four-year institutions. Elementary schools will be designed for enrollments of approximately 1000 pupils; middle schools for 1000-1500 pupils.
2. Current School Committee policy also establishes that new schools will be built and operated as multi-use "community schools." For a further discussion of this idea, see below.
3. Under the Racial Imbalance Law of 1965, as interpreted by the State Board of Education, each new school in Boston must contribute to the reduction of racial imbalance in the schools of the city. Further, projections of enrollments at a projected school must indicate the likelihood of a balanced student body (50% or more white children) on the day the school opens.

4. Of the five public schools in MH-PH, all but the Tobin are antiquated and require immediate replacement. One new school, combining the present Jefferson and Bulfinch buildings, is under design now and is scheduled to open in September, 1969.
5. A new middle school must be erected or designated to serve the area in an around MH-PH. Nearby junior high schools (eventually to be converted to middle schools) are already overcrowded and/or imbalanced (Tables 1 and 2); they cannot possibly absorb sixth, seventh, and eighth graders from MH-PH.
6. The hospitals and Harvard University are considering the construction of a 1700-unit residential complex on the site of the former Convent of the Good Shepherd during the next several years. Hospital employees and their families will be eligible for apartments. Studies conducted for Affiliated Hospitals, Inc., suggest that about 300 children, ages five through thirteen, will live in the complex; most of them will be white. In addition, Children's Hospital has almost completed apartment buildings containing over 100 units, many of which will house families with school-age children.
7. In order to carry out present hospital/residential building plans, Harvard and/or the hospitals must eventually gain possession of the present Farragut School on Fenwood Road. The bargaining position of the School Department is strong, and should be exploited to the hilt.
8. Officials of the hospitals (and the Harvard Medical School) are deeply interested in the conditions of education in MH-PH, since without convenient and "good" schools the apartments will not attract the medical families for whom they will be designed.
9. Enrollments at Lady of Perpetual Help Grammar School have steadily decreased in the past 10 years (from 1350 to less than 900). The School, like the Mission Hill High School which has also dwindled in enrollment, is a growing financial problem for the Parish. It is Archdiocesan policy to phase out uneconomic elementary schools, gracefully and gradually.

The preceding points are accepted, in our experience, by most knowledgeable observers. In contrast, there is considerable disagreement on a related range of issues:

1. The population of MH-PH is shrinking (one or two percent a year since 1950) but how it is changing in other respects is partly a matter of speculation which will not end, according to present schedules, until 1970 Census results are available. One thing is clear; the neighborhood has not experienced "white flight", as have other areas of Roxbury and Dorchester. A proud but

dwindling white community in Mission Hill proper remains attached to the old neighborhood; the most serious depredations are the work of the hospitals, Harvard, the BRA, and real estate speculators, who among them have gobbled up large tracts previously inhabited by whites. Since the opening of the all-Negro Mission Hill Extension Project in 1952, the non-white population of the area has increased only slightly, in absolute numbers. In short, population shifts in MH-PH are not of the same nature as those in other parts of Boston, but their exact content remains unclear. (For further data on this subject, see Section 5 of this report.)

2. Four of the five public schools in MH-PH are imbalanced; one of these (the Bulfinch) will soon be eliminated by combining it with the currently balanced Jefferson. However, if the arithmetic and prescriptions of the present (1966-67) State-approved plan are followed explicitly, the new school will itself be imbalanced on the day it opens. The Jefferson and Bulfinch together enrolled 434 white and 393 non-white children in September, 1967 (Table 2); the addition of 165 non-white children from the Martin District, as called for on page 50 of the document, Toward the Elimination of Racial Imbalance....., creates an imbalanced school (434 white vs. 558 non-white, or 372 white vs. 478 non-white, if sixth graders are omitted). Further, site clearance for the new building will eliminate the homes of 60 to 70 school-age children, almost all white. This additional loss seems not to have been considered by the planners.
3. A second possible interpretation of the State-approved plan for the Jefferson-Bulfinch replacement is that all children in Section M-1 (currently in the Martin District) on Map 1 will be required to attend the new school. From this territory would come the 165 non-white youngsters, plus an indeterminate number of whites. However, our evidence shows that there are almost no non-white children living in Section M-1; indeed, it is the heart of "white" Mission Hill. The subtraction of the white children from area M-1 would worsen the situation at the currently-imbalanced Tobin, Farragut, and Allen Schools, and render permanently unworkable plans for balancing the Martin District which we present in subsequent pages. Further, the inclusion of Section M-1 in the district for the Jefferson-Bulfinch replacement will seriously reduce the potential of the new school for relieving pressing problems of overcrowding and growing non-white enrollments in the Kennedy and Wyman Schools to the south of Centre Street. Finally, the brow of Parker Hill and busy Heath Street (scheduled for widening) will present formidable hazards for K-5 children from Mission Hill attempting to reach the new building, if it is located as currently planned.
4. The three schools in the Martin District (Tobin, Allen, and Farragut) will remain imbalanced after the Jefferson-Bulfinch successor opens, even if the 165 non-white children are somehow extracted from the Martin. Authorities apparently regard the

situation as hopeless; no plans for elementary or middle schools in the Martin area have been announced or rumored. It is worth speculation, however, about possible enrollment in the District if buildings were attractive, modern, and uncrowded, and if the educational programs were enriched and individualized. On the basis of our investigations this summer, we believe that under these circumstances many parents would transfer their children from parochial to these public schools, and that the new "medical families" would also send their children to them. There is here a potential reservoir of 1000-1200 children, between the ages of five and thirteen, almost all of them white. The present enrollments of the Martin District are 404 white children and 867 non-white children (Table 2), including the 165 supposed transfers to Jefferson-Bulfinch (who we think will elect not to transfer). In other words, we predict that newly built and specially programmed schools in MH-PH will quickly become racially balanced institutions.

5. The problem of site selection in MH-PH is a complex one, partly because much of the area is densely built, partly because City agencies such as the BRA seem unconcerned about the small property-owner, and partly because the incursions of the surrounding institutions (hospitals and universities) have already severely reduced the residential area. School construction in MH-PH must intensively exploit existing public and/or commercial properties, or face determined and (in our opinion) justified opposition from residents of the neighborhood. This neighborhood--black and white, "project" and private--is fighting now for its continued existence. In no manner, accidentally or deliberately, should City agencies contribute to the pressures already exerted by the hospitals, universities, and attendant speculators. (We feel that we have discovered several potential sites in the neighborhood, suitable for elementary and/or middle schools, which meet the preceding criteria.)
6. Our inquiries convince us that the institutions which surround MH-PH are beginning to reject their past stance of formal non-involvement in the affairs of the community. The forms of expression which these new feelings of neighborliness (and enlightened self-interest) take in the future will vary, according to the manner in which each institution decides it can be useful. Certainly some will conclude--i. e., Affiliated Hospitals--that they can best participate in educational enterprises. For a "marriage" of interests to occur, it is crucial that schoolmen and institutional representatives approach each other with humility and with interest in each other's problems, and that neither harbor notions of "instant reform". These conditions have been rarely met in similar situations in Boston and other cities, and there is no reason to assume that the outcome will be different in MH-PH unless extraordinary steps are taken.

7. The School Committee has decided that each new building will be a "community school" -- not to be confused with a "neighborhood school." The Committee has made a courageous and wise decision, moving the Boston Schools into uncharted but promising territory. There are at least two meanings to the term, "community school," however. First, a community school is a public building maximally exploited by all citizens: as a regular school from morning to mid-afternoon, but as a community center, study hall, clinic, public library, athletic facility, etc., at other times. This notion appeals to common sense, but elsewhere severe problems of coordination among city agencies have been encountered. Second, a community school is an educational agency maximally responsive to the considered interests and needs of the surrounding neighborhood. In theory, the two definitions are complementary (how can people "exploit" a building unless their "needs" and "interests" are known?); but in practice the second has involved its proponents in continuing battles, since no one really knows how to make an agency "responsive" to "considered interests." These are going to be hot issues in the immediate future in Boston (they already are in the Jefferson District), wherever the community school policy is put into effect.
8. Collaboration among agencies is a problem in a community school program; it is already a problem of distressing magnitude in Mission Hill-Parker Hill. Almost unknown are joint programs and flexible uses among the Tobin Memorial Building, the Parker Hill Branch of the Public Library, and the Tobin School. Further, many of the facilities of St. Alphonsus Hall and Mission Hill High School are not fully utilized for regular Parish affairs and thus stand vacant during much of the week. In a neighborhood as pressed for space and local leadership as Mission Hill-Parker Hill, surely greater imagination and flexibility can be expected from both public and religious officials.
9. Although enrollments at Lady of Perpetual Help Grammar School and at Mission High School have been decreasing in recent years, no decisions have been made as to the futures of these schools. In our experience, Parish leaders (lay and clerical) are deeply concerned about the prospects of the Parish and the neighborhood, and about the provision of effective religious education for their children; they are willing to discuss these matters with "outsiders" who are not simply promoting the usual institutional interests. All plans for school construction and school improvement in Mission Hill-Parker Hill must have the support and understanding of the leaders of the Mission Church Parish, or they are doomed: the neighborhood has more than once demonstrated its power to thwart seemingly invincible City agencies.

On the basis of the foregoing, we make the following recommendations for the schools in Mission Hill-Parker Hill:

1. School District for the Jefferson-Bulfinch Replacement. We reject the proposed contours of the district for the new school, for the following reasons:
 - a. As previously suggested (page 11), currently approved plans would produce an imbalanced school (56% non-white) of only 350 pupils. The alternate proposal to balance the school by taking white pupils from Area M-1 (Map 1) would further imbalance the Martin District, and seriously impair future possibilities of creating balanced enrollments in the Martin (see pages 16-19).
 - b. Currently approved plans would do nothing to relieve critical overcrowding now obtained in the Kennedy and Wyman Schools. This year regular classes are occupying "special purpose" rooms at the Kennedy, and two classes of Kennedy children are housed in portable buildings in the Jefferson schoolyard.
 - c. Residents of the Bromley-Heath Housing Project (Areas BH-1, BH-2, BH-3, BH-4, and EH-5) are very much aware that the City plans to build a "community school" to replace the Bulfinch and Jefferson plants, and that currently only youngsters from BH-1 will be eligible to attend the new school. Other pupils from Bromley-Heath will be required, officially, to continue at the crowded Kennedy and Wyman buildings. The neighborhood will not easily accept this arrangement.

In formulating our recommendations, we have received invaluable assistance and information from the Heath Street Community School District Subcommittee of the Jamaica Plain APAC. The views of the Subcommittee are contained in the updated (March, 1968) report submitted to the Public Facilities Commission, Operation Schoolhouse, School Department, the Mission Hill-Parker Hill Study, and others. We fully endorse the general goals and specific recommendations of that report. We classify the enrollment projections in the Subcommittee's report as we classify our own: educated guesses, based on incomplete census data. There is a critical need for a thorough head count of all children (birth through high school age) in the Jefferson, Kennedy, and Martin Districts (see pages 33-34).

By happy circumstance, a semi-professional census of Areas BH-1-2-3-4-5, J-3, and part of J-1 was conducted during the summer of 1967 by the staff of the Martha M. Eliot Family Health Center, which is located in the Bromley-Heath Project. Rough tabulations of children aged three through eight (who will be five through ten when the new school opens in 1969) were made available to the Heath Street Subcommittee and to the Mission Hill-Parker Hill Study staff. We wish to thank the Health Center staff, especially Dr. Eva Salber, Director, for their cooperation and aid.

The Health Center's census provides documentation for a claim which the Heath Street Subcommittee has been advancing for many months. Specifically, a minimum of 161, and perhaps over 200, non-white children from outside the Jefferson District are currently enrolled in the Jefferson and Bulfinch Schools; a large majority of these reside in Areas BH-2, BH-3, and BH-4, officially part of the Kennedy District. Principals in the overcrowded Kennedy and underpopulated Jefferson Districts are apparently (and sensibly) permitting an informal "open enrollment" process, but School Department, Public Facility, and State figures do not take into account this important phenomenon.

Two unhappy outcomes may result from this situation. If the currently proposed district boundaries are maintained, children from BH-2, BH-3 and BH-4 who now attend Jefferson or Bulfinch may be barred from enrolling in the new school, which would receive many new children from the Martin District. These youngsters would be forced into the already tight Kennedy and Wyman Schools, or bussed elsewhere in the city.

Alternately, if school planners began to consider including more of the Bromley-Heath Project area in the district of the new school, a large number (161 and probably more) of non-white children might be counted twice -- first as current Jefferson or Bulfinch pupils, second as residents of Areas BH-2, BH-3, or BH-4. Such an enumeration would produce an apparently hopelessly imbalanced student body, causing a workable proposal to be mistakenly rejected.

We recommend a district for the new school which would include the present Jefferson areas (J-1, J-2, and BH-1), plus Areas BH-2, BH-3, and BH-4, in the Housing Project, and Area J-3, a section of predominantly private homes and white population. (We omit Area BH-5 on the advice of the Heath Street Subcommittee, which suggests that parents in this section will be happy to send their children to the Kennedy School, if overcrowding is reduced, and if a strong community school program is developed there, too.) A district so comprised would:

- a. produce a workable enrollment of approximately 1,200 pupils;
- b. ensure that children from Areas BH-2, BH-3, and BH-4, now enrolled in Jefferson or Bulfinch, could continue their education at the new school;
- c. relieve overcrowding at Kennedy and Wyman by removing several hundred youngsters (both white and nonwhite) from those schools;
- d. eliminate the possibility of taking white children from the Martin District;
- e. save the expense (monetary and other) of bussing children from the Martin District to the Jefferson-Bulfinch replacement. (We suspect that such bussing would be opposed by Martin parents.)

Our calculations suggest that the boundaries just proposed will produce a student body with the following characteristics:

Table 3Proposed District for the Jefferson-Bulfinch Replacement

<u>School or Area</u>	<u>Total 1967 Children</u>	<u>Non-White Children</u>	<u>White Children</u>	<u>% Non- White</u>
Present Jefferson & Bulfinch Schools	827	393	434	48
-less 6th Grade (1/7)	118	56	62	48
-less evictees from site ⁽¹⁾	<u>60</u>	<u>12</u>	<u>48</u>	<u>20</u>
Remaining from present enrollments	649	325	324	50.1
Area J-3 (1)	122	3	119	2
Area BH-2 (1)	79	62	17	78
Area BH-3 (1)	182	147	35	81
Area BH-4 (1)	<u>269</u>	<u>228</u>	<u>41</u>	<u>85</u>
Subtotals:	1301	765	536	59
-less twice-counted childred (1)	<u>200</u>	<u>190</u>	<u>10</u> (2)	<u>95</u>
<u>Totals:</u>	1101	575	526	52

Notes: (1) Figures from the Community Health Census of the Martha M. Eliot Family Health Center (summer, 1967). Totals are for children three through eight, who will be five through ten in September, 1969.

(2) A very few white children from BH-2, BH-3, and BH-4 also attend Jefferson and Bulfinch Schools.

Most notably, the above table predicts a slightly imbalanced enrollment: 52% non-white. There are three ways of dealing with this:

- a. Most probably, the 52% figure is incorrect. The Heath Street Subcommittee, advocating a school district with identical boundaries, claims that the resulting student body will be only 47% non-white. Without an accurate, up-to-date census of children in the Jefferson and Kennedy Districts, it is impossible to choose rationally between the two figures. On the basis of existing information, it would be inappropriate to conclude that the proposed district will produce an imbalanced school.
- b. A new school building, housing a vigorous community-oriented program, will undoubtedly attract white pupils who are currently attending parochial or private schools, or who will be new residents of the neighborhood. It is for this reason that we urge a school for 1200 pupils rather than 1100 or 1000, as now planned. We call attention to the unsettled plans of the Blessed Sacrament School (Sunnyside Street), which currently enrolls about 250 pupils, at least 90% white, from Areas J-1, J-3, and the Bromley-Heath Project; prospects for

the School beyond 1969 are not clear at the moment. We are also aware of vague plans, under study by the Boston Redevelopment Authority, for major residential construction ("middle income") in the vacant areas north of Heath Street. The Jefferson-Bulfinch replacement, properly planned and administered, can easily become a "magnet school" in effect balancing itself. We discuss this notion more fully on pages 16-19, in connection with new schools for the Martin District.

- c. If the student body of the proposed school turns out to be narrowly imbalanced, and/or if the State Board of Education is unwilling to risk authorizing a "magnet school", one further remedy is at hand. This would be to draw the school district boundary through the Bromley-Heath Project in such a way that a balanced student body is obtained, yet as many as possible of the Bromley-Heath children are enrolled in the new school. This is a stratagem of last resort, since all of Bromley-Heath (except BH-5) should go to the new school. It is also a dependable and flexible tactic which (in the absence of a proper census beforehand) could be invoked during the first week of the new school's life, when it is clear which children from the entire district actually wish to enroll in the new institution.

We urge Operation Schoolhouse, the School Department, and the State Board of Education to give careful consideration to these proposals. We strongly recommend that the Jamaica Plain APAC (and in particular the Heath Street Subcommittee), as well as other citizen groups in the potentially affected areas, be drawn into continuing discussions on this perplexing issue. We wish to express our thanks to APAC representatives for the forceful, yet sensible, manner in which they have drawn our attention to facts and problems which otherwise we might not have recognized.

2. Location of the Jefferson-Bulfinch Replacement. In our opinion, several mistakes were made in the selection of the currently official site of the new school. Although the program of the school is destined to be "community"-oriented, many neighborhood residents have been alienated by the process of site selection, and by the imminent displacement of nearly 100 indigenous families. Over 60 white children of school age will be evicted with their families, and thus unavailable to help "balance" the student body of the new school.

Diagonally across Heath Street from the designated site (Site 1 on Map 2) is a large piece of land already vacant or pocked by derelict houses (Site 2 on Map 2). The architects and engineers employed by the City to choose a location for the new school rejected Site 2. We agree that unusual problems of construction might be encountered on Site 2, but we believe that an attractive and functional school building can be erected there.

The public has a right to expect that when homes are at stake, planners and architects will exert more than usual imagination and flexibility. In the present instance, they seem not to have done so. Perhaps the private institutions interested in pieces of Site 2 are more "desirable" users, in the eyes of the planners.

We recommend re-examination of the Heath Street-Fisher Avenue location (Site 2), if this will not delay construction of the badly needed new building. If design, land-taking, etc., for Site 1 are already well-advanced, we agree reluctantly that development of this site should continue. The neighborhood (perhaps prematurely) has accepted the inevitability of the Minden Street (Site 1) choice.

In the future, site selection and school planning from the very beginning should include meaningful and long-term consultation with representative neighborhood organizations and individuals. We will have more to say on this subject later in this Report.

3. Schools in the Martin District. Racial balance and exemplary education can be attained in the Martin District (i. e., most of MH-PH) in the near future if institutions in and affecting the neighborhood resolve together that these goals are worth striving towards. Necessary parties to the enterprise are the Boston Schools; the hospitals, colleges, and universities of the neighborhood; the organizations and institutions which represent the citizens of MH-PH; and the State Board of Education; other agencies, such as the Park Department, may also be needed. From each will be required extraordinary efforts, in terms of past record, and a willingness to trust the long-range intentions of each of the other parties. Our investigations of the past summer suggest that the leaders of the required agencies are ready to engage in such an enterprise.

Educationists are fond of saying that "quality education" is inextricably linked to "racially balanced" schools, and vice versa. Whether or not universally true, the cliché is painfully valid in MH-PH. Without schools of uniform excellence, the parents of MH-PH (when able) will send their children to parochial and private schools which they consider "better" than the public schools; yet until white (and middle class) children are attracted to the public schools, new buildings will not be constructed, and innovative programs will be instituted elsewhere.

We urge the Board of Education to permit (and to encourage) in the Martin District a daring departure from present strategies of attaining racial balance in Boston's schools. In other districts where school building is to be done, it is possible to achieve before building a "paper balance"----sometimes of uncertain reliability, as we have shown above. In the Martin, (and subsequently in others, if the Martin experiment works) we suggest that the sequence of events be reversed: the building of schools and the development of their programs should be employed as a catalyst for racial balance, rather than the result of it.

We call upon the Board to encourage the Boston Schools and associated institutions to make formal application for approval of the following four-point program for the Martin District, which should include specific performance criteria agreed upon by the Schools and the State:

- a). Authorization to build and/or remodel one or more elementary and middle schools in the MH-PH neighborhood. (See Recommendations #5 and 6, below.)
- b). Involvement of representatives of all sections of the MH-PH community in the selection of sites and planning of programs for the new schools. (See Recommendation #7, below.)
- c). Formation of a "consortium" of outside agencies willing to collaborate in the planning and operation of the new schools. (See Recommendation #8, below.)
- d). Flexible administration of school district lines so that sufficient numbers of white children attend the new schools to satisfy State requirements. (See Recommendation #4, below.)

Such a program will be a major departure from the Board's present strategy of attaining "integrated" schools in Boston. It is very similar, however, to the policy followed in Cambridge, where the Board permitted the City to replace a narrowly imbalanced school (Houghton) without changing school district lines, on the assumption that white children will be attracted to the new building. We commend the Board for its willingness to adopt and to study different strategies for attaining balance, and hope that it will permit a "Cambridge approach" in the Martin District, in which conditions are similar, although more extreme, to those in the Houghton. If the strategy is successful in the Martin District, it can be implemented in others, such as the Jefferson, with "mixed" populations.

4. Contours of the Martin District. In the implementation of the above program, the boundaries of the Martin District should remain as now constituted, with one possible exception. The present areas of the District (see Map 1) should be retained: M-1 (Mission Hill proper), M-2 (largely the two public housing projects), M-3 (almost entirely uninhabited by school-age children), and M-4 (in general, the location of the new hospitals' housing). As suggested below, it may be necessary and desirable to include the children of the present Milmore School (Prince District; see Map 1) in the student bodies of the new schools in MH-PH, thus enabling the City to close that obsolete building.

Table 4 summarizes potential school enrollments for the Martin District, emphasizing present K-5 totals and the numbers of white children whom it will necessary to attract from parochial, private and/or Milmore schools to achieve racial balance in the District.

Table 4

Projected K-5 Enrollments in the Martin District

<u>School or Source</u>	<u>Total 1967 Enrollment</u>	<u>Non-white Enrollment</u>	<u>White Enrollment</u>	<u>%Non- White</u>
Tobin (now K-8)	779	535	244	69
- less Grades 6-7-8 (1/3)	<u>259</u>	<u>178</u>	<u>81</u>	
	520	357 ⁽²⁾	163	
Allen (now K-2)	166	158 ⁽²⁾	8	95
Farragut (now K-6)	326	174	152	53
- less Grade 6 (1/7)	<u>47</u>	<u>25</u>	<u>22</u>	
	279	149 ⁽²⁾	130	
<u>Subtotal:</u> present Martin District pupils	(965)	(664) ⁽²⁾	(301)	(69)
New Housing: Medical complex, Children's	325	25 ⁽¹⁾	300	8
- less Grades 6-7-8-9 (2/5)	<u>130</u>	<u>10</u>	<u>120</u>	
	195	15	180	
Milmore ⁽³⁾ (now K-6)	143	43	100	30
- less Grade 6 (1/7)	<u>20</u>	<u>6</u>	<u>14</u>	
	<u>123</u>	<u>37</u>	<u>86</u>	
<u>Subtotal:</u> including new & Milmore children	(1283)	(716)	(567)	(56)
Minimum ⁽⁴⁾ required from Lady of Perpetual Help (present 1-9 enrollment: 900; present 1-5 enrollment: 500):	<u>150</u>	<u>-</u>	<u>150</u>	100
<u>Total K-5 enrollments (minimum)</u>	<u>1433</u>	<u>716</u>	<u>717</u>	50.0

Notes: (1) This figure is a gross estimate, based on observations of present hospital personnel.

(2) Perhaps underestimates; increasing numbers of non-white children are using Boston's "open enrollment" policy to attend schools elsewhere. However, most of these "travellers" are in Grades 6-7-8.

(3) Inclusion optional, depending on decisions of parents of children now at Lady of Perpetual Help Grammar School.

(4) Minimum required to balance Martin District; 150 students is 30% of present 1-5 enrollment. Additional pupils might also be attracted.

These projections assume that:

- a). The Farragut, Allen, and Milmore Schools are antiquated and should be closed.
- b). By the mid-1970's, MH-PH will be isolated from Boston by new highway construction; it must become a self-contained elementary district.
- c). The new schools of the Martin District will be developed by the consortium suggested above and in Recommendation #7, below, becoming extraordinary examples of urban school practice.
- d). Parents who under other circumstances would send their children to private school will send them to the new schools of the Martin District.
- e). Parents of many of the children now at Lady of Perpetual Help will send these youngsters to the new schools of the Martin District. Under these circumstances, Parish authorities may wish to make other arrangements for the religious instruction of the children of the Parish.
- f). Few non-white children living in MH-PH travel to other school districts and thus are uncounted in recent Martin enrollment figures.
- g). The several hospitals will proceed apace, and on roughly the anticipated scale, with their residential building plans.

If these assumptions are correct, new and reorganized elementary schools can be in operation in MH-PH as early as 1970 or 1971. Table 4 shows the Martin enrollments as only narrowly balanced, but with attractive facilities and an enriched program, we suspect that even more white children will be drawn to the schools.

5. Sites for New Schools in the Martin District. Racially balanced enrollments can be achieved in the Martin District, but only if additional modern facilities are first built. How much new construction is needed, and where should it be located?

We start with the present Tobin School, built as recently as 1959, and a "model school" in several respects already. It is now somewhat overcrowded. Further, the unavailability of the Maurice J. Tobin Memorial

Building damages the program of the School. Nevertheless, exemplary education for about 700 K-5 youngsters could be provided in the Tobin, if the Memorial Building were freed for school use.

Table 4 shows the need for a minimum of 1433 K-5 places in the Martin District. This is probably an underestimate of ultimate demand. More than 150 children from Lady of Perpetual Help are likely to attend the new schools, and the parochial school may close entirely within the decade. A "standard" 1000-pupil elementary school, the size to be built elsewhere in the city, seems indicated. Such a school would give the Martin District a combined capacity of 1700 students.

Another alternative is to enlarge the Tobin School, which was built so that two more floors could be added, thus reducing the needed capacity of the new building. But the Tobin site, including the currently inaccessible gymnasium, includes less than 250,000 sq. ft. (about 5.7 acres), scarcely sufficient for more than 700 children. Further, not exploiting the Tobin's potential for expansion leaves the District an enviable degree of flexibility for the future.

The staff of the Summer Study devoted considerable attention to the problem of a site for the new elementary school. We have come to our own conclusion as to where the school might best be located, but we emphasize that our recommendation (below) is only our own, which now should become part of the agenda for extended discussions in and with the neighborhood. In Section 5 of this report we present our ideas as to how these discussions should go forward, on the new school site and on other issues. Here, we wish only to disclaim pretensions of professional infallibility for our proposals, and move on to a presentation of them.

In trying to find a school site, our first and most important criterion was that the new school should require the taking of no, or very few, homes; we could not recommend further physical erosion of the neighborhood. Next, we looked for centrally located sites including ten acres or more. Finally, we considered special features of sites which might make them expensive to develop, difficult of access, etc. It is our impression that in arranging our criteria in this order, we reversed the priorities usually assigned to them by planners.

Four possible locations emerged as worthy of serious consideration. Of the four, we strongly recommend one (the so-called "Quarry" site), but we will also comment briefly on the other three.

a). The present location of Boys Trade High School and the Allen School (Site 3, Map 2). Both of these schools are slated to be closed; the City owns the land. However, the site includes less than four acres, and it is located in a corner of the district. Moreover, the School Department is considering other uses for the Trade building after its present assignment ends, and the BRA recommends the site for residential building if the School Department releases it.

b). Air rights over the Inner Belt and/or Southwest Expressway (not shown on maps). We have been unable to explore this possibility in great depth, since hard facts are difficult to come by. No one is quite sure when either of the roads will be built, and whether commercial interests may not have obtained prior rights to available spaces. In any event, a school built over the roads would not be centrally located. Many parents with whom we spoke disliked the idea of a school for young children built over a superhighway. But we will return to this option when we discuss possible middle schools for MH-PH and adjoining neighborhoods.

c). The top of Parker Hill, eleven acres now owned by the Robert Breck Brigham Hospital, adjacent to the Parker Hill Playground, which contains an additional nine or ten acres (Site 4 on Map 2). This is the largest site available, but it is very badly located: removed from the largest concentration of school children, very close to the Jefferson-Bulfinch replacement, and reportedly difficult of access during winter months. The School Department in particular advised against this site. We will return to this option, also, when we discuss middle schools for the area.

d). The "Quarry" site, in the general area bounded by Tremont Street, St. Alphonsus Street, and Calumet Street (Site 5, Map 2). This is the location we recommend. Clearly, it is centrally located. Ten acres can be obtained without displacing a single family, although some commercial properties would be needed. Parts of the property might be difficult to build upon, but a major share of the land (owned by Harvard University) could be obtained at reasonable cost, since the University and its associated hospitals badly need the present Farragut School site, across Huntington Avenue; the savings in land acquisition might offset the added expense of developing the Quarry.

The ten-plus acres of land include the following parcels, which are shown in detail on Map 3:

The "bowl" of the Quarry, now occupied by Elm Farm, parking, and two small commercial users (117,331 sq. ft.):	2.7 acres
Unused sloping land behind the "bowl," now privately owned (44,797 sq. ft.):	1.0
The upper level of the Quarry, on both sides of the Alleghany Street right-of-way, now owned by Harvard University (242,391 sq.ft.):	5.6
Alleghany Street right-of-way, City-owned (50,000 sq. ft., estimated):	<u>1.1</u>
TOTAL:	10.4 acres

Nor are these the limits of the non-residentially-used land available in this location. By closing or bridging St. Alphonsus Street, additional playground space totalling well over one acre could be obtained through the purchase of privately-owned vacant lots. By similarly closing or bridging Calumet Streets, at the Brigham Circle end, another one-half to one-third acre of commercial and/or parking properties could be added. These possible extensions are also shown on Map 3.

All of this can be done, we emphasize, without taking the residential properties along Calumet Street (98,906 sq. ft., or 2.3 acres), or the residences and businesses along Tremont Street (77,812 sq. ft., or 1.9 acres).

Four other characteristics further commend the Quarry site. First, it is near the planned hospitals' housing, which will include play spaces and recreational areas which could be used in the program of the school after suitable negotiations had been concluded. Second, the proximity to the housing will make the school maximally attractive to the new residents, whose children are needed to balance enrollments in the District (Table 3).

Third, both the shape of the site and its current role in the life of the neighborhood suggest that valuable commercial uses might be incorporated into the new building in the Tremont Street-Huntington Avenue ground level, without interfering with educational activities taking place on other floors. (This arrangement would also provide the City with a limited amount of rental income.) Present commercial occupants of the land should have first chance at obtaining these spaces. The possibilities of "multiple use" are discussed more fully in Background Paper #1, by Davenport Plumer.

Finally, the proposed site is adjacent to, but not within, the present Fenway Urban Renewal Area. The new school could be financed almost entirely out of urban renewal funds earned as "credits" from Harvard and hospitals' private building within the Fenway Renewal Area. The residents of MH-PH were successful, some years ago, in defeating the BRA's attempt to include the neighborhood in the Renewal Area; it would be a fitting sequel to this victory, we feel, for Renewal funds to be used to build the new school, at no cost or danger to the neighborhood. Under present Renewal regulations, this can be done.

6. A Middle School for Mission Hill-Parker Hill and Surrounding Neighborhoods. School Committee policy calls for the construction of "middle schools", comprising Grades 6-7-8, and the amalgamation of ninth grades now in junior high schools to existing or new senior high schools. So far as we can determine, no "standard enrollment" for middle schools has been established by the School Department. We expect that they will be no smaller than the new elementary schools, and perhaps a bit larger; in other words, 1000-1500 pupils. (Junior high school enrollments in Boston currently range from 500 to 1200, with the median at about 900.)

Currently no middle or junior high school exists in MH-PH; public school children enroll at the Timilty or M. E. Curley Junior Highs; attend seventh and eighth grade at the Tobin; or travel to the Taft or Edison Junior Highs in Brighton. The Timilty and the Tobin are filled to capacity, and the M. E. Curley hosts a "colony" of children from a nearby elementary school, who use otherwise available space.

However, some 444 sixth, seventh, and eighth graders from the present Tobin, Milmore, Farragut, Jefferson, and Bulfinch Schools will require seats when (and if) their old schools are closed or converted to K-5 use (see Tables 3 and 4), and an additional 130 middle school children may come into the district when the hospitals' housing is occupied (Table 3). Clearly, a new middle school serving MH-PH and adjacent districts is needed. The summer Study staff examined this situation, although not as thoroughly as it investigated elementary school issues. We wish to make some tentative suggestions here, once again as raw material for discussions among neighborhood residents, planners, and schoolmen, and not as fixed decisions.

We believe that a balanced school of approximately 1350 youngsters can be obtained by combining the projected sixth, seventh, and eighth grade enrollments from the Martin and Jefferson Districts. This possibility is shown in Table 5, below. Estimates of possible enrollments are obtained by assuming that the number of children enrolled in Grades 6-7-8 will be approximately one-half of the number enrolled in Grades K-1-2-3-4-5; for several reasons, this assumption probably produces an overestimate of eventual attendance. It is further assumed in Table 4 that the Martin District schools (Tobin plus the new ones) will quickly attain near-capacity enrollment of 1700 students.

Table 5

Projected Enrollments in a New Middle School (Grades 6-7-8)

<u>Source</u>	<u>Total Enrollment</u>	<u>Non- White Enrollment</u>	<u>White Enrollment</u>	<u>%Non- White</u>
Jefferson District (Table 3)				
Projected K-5 enrollment (capacity) ^{at}	1000	475	525	
Projected 6-8 enrollment (1/2K-5)	500	237	263	47
Martin District (Table 4)				
Projected K-5 enrollment (capacity) ^{at}	1700	750	950	
Projected 6-8 enrollment (1/2K-5)	850	375	475	44
<u>Total 6-7-8 enrollments</u>	<u>1350</u>	<u>612</u>	<u>738</u>	<u>45.3</u>

If a larger school is desired, or if anticipated enrollments do not materialize, consideration should be given to adding part or all of the Prince District to the district of the middle school. (Former Milmore School students are already included in the figures of Table 5.) The Summer Study staff did not gather data on the Prince District, however, and thus cannot comment further on this possibility.

We wish to mention three possible sites for the middle school, which probably should be designed for an ultimate enrollment of 1500. A minimum of twelve to fifteen acres, centrally located, is desirable; most emphatically, no or very few houses should be taken.

a). Air rights over the Inner Belt and/or Southeast Expressway. As mentioned earlier, information on this possibility is scarce. We feel that public, as well as commercial, uses of the space over the highways should be considered. A thoroughly safe building for these older children could be built over the roads. However, both highways will skirt the neighborhood, and a school built over one of them would not be centrally located. Further, it might be difficult to provide adequate play space.

b). The top of Parker Hill (Site 4, Map 2). In this location are eleven acres owned and partially occupied by the Robert Breck Brigham Hospital, which eventually will move into new facilities along Francis Street; approximately nine acres in the underdeveloped, seldom-used Parker Hill Playground; and nearly one acre (39,052 sq. ft.) in the Bulfinch site, now scheduled for demolition. In addition, numerous vacant properties exist on both sides of Fisher Avenue, some extending all the way down the hill to Heath Street and into the area indicated as Site 2 on Map 2. Thus, over twenty acres of centrally located land, half owned by the City, are available in this location.

The major objection to this property as a school site is its supposed inaccessibility. We believe that this problem is considerably overestimated by persons who customarily approach Parker Hill and its hospitals from the north side, climbing from Huntington Avenue along the very steep Parker Hill Avenue; this brings the visitor to the "front" of the present hospitals. A much easier route is afforded by Fisher Avenue, which one enters from Heath and/or Parker Street, and which currently gives access to the "rear" of the site. An ascent almost equally easy is available from the Parker Street end of Parker Hill Avenue. It is along these streets (Fisher and Parker) that the majority of the children of the Jefferson and Martin Districts would make their way to school.

We feel it reasonable to ask the architects to design a middle school which fits into its site; specifically, to orient the structure to the Parker Street end of the site, rather than the peak of the Hill where the hospitals are located. For example, the main entrance, parking spaces, and delivery areas could be placed just off Parker Street, in (roughly) the present Bulfinch site; situated here, they would present no special problems of access. Classrooms could be located on the upper levels of the school, providing magnificent views of the City. Athletic facilities could be rebuilt at the New England Baptist end of the site. Finally, additional routes of access and pieces of land might be provided as the widening of Heath Street and the development of Site 2 (by the Schools or private interests) progress.

We strongly recommend that the School Department, Public Facilities Commission, and other City agencies sponsor a detailed study of the potential of the Parker Hill site. This study should concentrate on technical issues, such as physical access, subsoil conditions, use of Park Department land, unusual building costs, unusual savings, etc.; it should be staffed by competent and imaginative architects, planners, and educators. In our opinion, the Parker Hill site has been dismissed prematurely as a possible location. Unless the City moves quickly, however, other potential users will pre-empt the opportunity now available.

c.) Brookline. A third possibility is the construction of the middle school on land in Brookline, which has also recently adopted a middle school policy. Alternatively, Brookline might join with Boston in building a middle school in the Parker Hill site, or over the Expressways. These possibilities should be explored immediately by the proposed consortium (Recommendation #8).

7. Community Participation in School Site Choice, Program Planning, and Operation. We have already underscored the importance of involving all elements of the Mission Hill-Parker Hill community in the development of new schools and educational programs. Section 5 of this report explores the notion of "community participation" in some depth; the theme is repeated in Section 3 and Background Paper #3, which deal with community-centered health programs. In the next few paragraphs we will make a few points of special relevance to the planning of new schools in MH- PH.

All signs suggest that "community participation" will be a central component of school administration and school politics within five years----if not sooner. It is an idea of enormous appeal to Americans, who understand it as an extension of older concepts such as "local control" and "town meeting democracy." It has become the rallying cry of extraordinarily diverse groups: taxpayers' associations, civil rights organizations, federal government officials, educational reformers, some city planners. Ironically, professional educators prepared the seedbed for the idea----an uneducated citizenry has little interest in running schools----yet are now often found among its most vigorous opponents. Community participation is incompatible with effective professionalism, these educators believe.

We could not disagree more emphatically. Community participation is a step towards more realistic, more effective professionalism----not a step away from it. Through collaboration, both laymen and professionals learn the depth and the limits of their own and the others' competencies, of which they have only the foggiest notion under present circumstances. In truth, both parties need each other desperately: schoolmen need local citizens to articulate the needs, problems, and strengths of the community, and citizens need schoolmen to carry out complex technical functions and to run the schools intelligently on a day-to-day basis.

In any event, increased community participation is coming, in Boston and elsewhere. The Boston Public Schools have thus far adopted a tentative, not wholly visible policy of support for citizen involvement. We recommend that the policy be re-affirmed and strengthened, now, before acrimony and intransigence develop around it. The Boston Schools have the opportunity to provide national leadership and example in this matter; elsewhere "participation" has been endorsed by school authorities only after nasty periods of protest, name-calling, and anger.

It is easier to advocate community participation than it is to suggest how it should be done. As applied to education, the idea is genuinely new; no tested models exist. The Boston Schools should become involved in a variety of community participation projects, exemplifying a variety of techniques and strategies. The Schools should resist the temptation to pick a particular strategy now, labelling it "The Boston Plan." Too much remains to be learned before such a decision can be made.

The Boston Schools can be assured of considerable support from the area's colleges and universities if the course just advocated is taken. The Summer Study staff identified individuals----even whole departments----at almost all of the institutions who would willingly collaborate with the Schools on this problem. (Some universities and their representatives are already so involved, on a small scale.) Furthermore, funds to support a series of enterprises embodying community participation are

available, from federal, state, and private sources. As mentioned above, community participation is "in, " across America; the shortage, currently is of school systems willing to give more than lip service to the idea.

All of these suggestions apply with special force to Mission Hill-Parker Hill. As documented elsewhere in this report, MH-PH is a fragmented, embittered, suspicious community. Almost any move to improve the schools, neighborhood amenities, health care opportunities, etc., will be resisted by the neighborhood unless community leaders are genuinely involved in the development of the plans for the specific "improvements, " and are guaranteed continued influence in the governance of the services and programs once they are in operation.

The Boston Schools are at a crossroads. Their leaders can decide now to pursue a vigorous policy of community participation in a variety of forms, deciding through experience over several years which ones work best. Following such a course the Schools would enjoy the support of practically all groups in the city, and the active collaboration of Greater Boston's universities and other agencies. Further, the Schools would establish themselves as a beacon-light for the rest of the nation. Alternately, School leaders can postpone this decision to the time, perhaps three years hence, when virtually all segments of the city's population (white and black) will be demanding a direct voice in the operation of their own neighborhood schools. As has already happened elsewhere in this country, there will be demonstrations, extreme demands, demagoguery; in the end, citizen participation will be attained in an atmosphere clouded by suspicion and mistrust.

We hope that the Boston Schools follow the immediate action alternative. The first step would appear to be informal negotiations with agencies and universities in Boston which have experience in community participation in non-educational settings and interest in exploring its possibilities in the schools. The staff of the Summer Study, if invited, would be pleased to try to set up these initial meetings and discussions.

After the preceding was written we learned of the Open School Program at the Bulfinch School, jointly sponsored by the School Department and the Jamaica Plain Area Planning Council (APAC). (Similar programs are in operation in other school districts.) This program, small and new though it may be, is an important and constructive step in the direction advocated above. The staff and neighbors of the Bulfinch School are gaining valuable experience, of potential utility to the entire city. We hope to get to know the Bulfinch program better in coming months.

8. Formation of a "Consortium" to Develop Schools and Other Programs in Mission Hill-Parker Hill. The proposals made thus far are ambitious and complex. They will not be implemented if the institutions of MH-PH, the School Department, and community organizations try to achieve them separately. Together, however, these groups could accomplish much. For this reason we advocate the formation of a "consortium" (for want of a better word) of agencies and individuals concerned about the future of Mission Hill-Parker Hill.

Representatives of all three sectors----institutions, schools, and community----are required if the consortium is to succeed; their participation seems differentially likely. The School Department is interested and has experience in working with the universities. We have urged in this report with some optimism, that the Schools adopt an experimental policy of "community participation." Further, we are convinced that the hospitals and the universities are prepared to act in a newly responsible manner toward the community in which they are located, and that they appreciate the resources which the School Department can mobilize for the rebuilding and reorganization of the schools. We are less sanguine that the MH-PH neighborhood, given past history, is ready to trust the hospitals, the universities, and even the School Department, but the effort to establish sincerity must be made. Without the support of the neighborhood, all but the simplest and most self-serving efforts are doomed.

The long-range goal of the consortium would be the resolution of the apparently conflicting interests of the people and the institutions of MH-PH. (We suspect that these interests are not inevitably in opposition, although they appear so to most persons.) In the immediate future, the tasks of the consortium would be two-fold: the development of schools on the Hill, and the improvement of medical services available to its residents. The second task is examined in Section 4 of this report, and in Background Paper #3. We discuss here only the consortium and the schools.

The agenda of the consortium will be long and complex, but during the early stages the following items will have to be dealt with:

- a). Petitioning the State Board of Education. Without State approval for the plan of school development and racial balancing proposed in this report, most of the other suggestions are dead letters. Community representatives and officers of MH-PH institutions must join the School Committee and School Department in seeking at least tentative approval for the plan, as outlined now or as modified through further discussion.

- b). Identifying and clarifying MH-PH residents' wishes with respect to new schools. This will be a time-consuming and complicated effort, for which at least a year of intensive activity can be forecast. In preparing this report, we have presented neighborhood views so far as possible, but the idea that the area might get new schools is something of a novelty to the citizens with whom we talked. Given assurance that new buildings will appear, and that they and their families will be present to use them, residents will participate in the planning with sense and vigor. But the process must not be hurried, and the professional planners must have genuinely open minds.
- c). Inventorying the interests and potential contributions of the institutions of MH-PH. This will be a tricky business; some institutions may not yet perceive links between their own futures and the fate of the neighborhood. Others may be impatient for immediate action. Similarly, types of contributions may vary: funds, land, expert or student manpower, behind-the-scenes political support, etc. Again, at least a year of sensitive negotiation seems necessary. The goal will be to reconcile institutional interests and resources with neighborhood needs and with School Department policies.
- d). Determining School Department interests and requirements. The School Department and School Committee want to see new schools in MH-PH. Participation in a consortium presents certain problems of a legal and ideological nature, however, none new to School Department officials. These problems must be examined by the consortium, and solutions worked out. They have been solved elsewhere (Tufts-Quincy School, B.C.-Charlestown, B.U.-Humboldt Avenue, etc.).
- e). Employment of staff. A permanent, dedicated staff must be hired: the studies and negotiations proposed above cannot be carried through by part-timers or volunteers. In addition to a project director, the most immediate need will be for sensitive community organizers and community liaison persons. We suggest strongly that neighborhood residents be employed, at respectable wages, to participate in this work. In addition, present employees of the institutions and the School Department might be "seconded" to the consortium, to work with it for extended periods of time.

- f). Raising money. The preceding suggestions imply the existence of a stable operating budget. This could be secured, we think, from pro-rated contributions from each of the participating organizations and institutions. Considering the numbers and wealth of these institutions, and the degree to which their self-interests will be served by the development of exemplary schools in the neighborhood, a yearly total of \$150,000 (in cash or services) should be easy to attain. Further thought should be given to outside sources to support the yearly operations of the schools, once established: Titles I & III (ESEA), foundations, state monies, etc.
- g). Explorations with Brookline. We have suggested the proposed middle school be built and administered in collaboration with the Brookline Schools. An early task for the consortium would be the exploration of this possibility with Brookline authorities. Quick action is essential since Brookline has already started to plan its own middle schools. The first of these will be located in neighborhoods close to MH-PH.
- h). Planning exemplary "community" schools in MH-PH. Each of the preceding activities is an essential component of the main thrust of the consortium: planning two elementary schools and one middle school which in every sense are complete examples of modern, community-oriented education. We see this process as consuming several years, both before school sites are officially selected, and while building is underway. We assume also that the work of the consortium will not cease when the schools go into operation, but will continue with renewed vigor under contractual agreement with the Boston School Department.

We close with four caveats. First, we urge all parties to take a broad view of modern schooling, not restricting it to matters such as "the new curricula," "creative teachers," and gear-filled classrooms. These innovations are highly desirable, but a school which concentrates on them alone will be neither community-based nor likely to achieve its own restricted goals. The parents of MH-PH have high academic aspirations for their children, but they also expect and require a range of services unfamiliar to most educators: pre-school classes, day care centers, access to effective religious instruction, after-school recreation and enrichment programs, family-based medical services, threshold-to-threshold protection for their children, remedial classes and tutoring from various kinds of adults, unorthodox adult education, etc. These and other examples of "expanded" education must be considered by consortium planners as potentially integral components of the schools.

Second, the future of our proposals depends heavily on the participation of parents of children who currently attend parochial school, and of the leaders (lay and clerical) of the Mission Church. Our proposals do not assume an official response by the Church leaders, but their attainment will be helped or hindered by the reactions to them of these men and women. We therefore urge early, informal conversations among the leaders of the Parish, the Archdiocese, the School Department, and the hospitals-universities. The Public Schools and the Archdiocese have an opportunity in MH-PH to work out new forms of schooling for Catholic children, forms which ensure superior religious instruction for the youngsters while also making available to them the resources of the public school system. We hope that this opportunity will be exploited to the benefit of all.

Third, we have been deliberately vague about which of the hospitals, colleges, universities, City departments, and other agencies will participate in the consortium; we hope all will, and we wish to offend none by inadvertently omitting a name. But more than one may be expected to be primus inter pares in the consortium, as a result of past or potential experience or leadership. The following institutions (as opposed to community organizations, not under discussion here) seem crucial:

- a). The Boston Public Schools, upon whose initiative and flexibility the entire project depends;
- b). The Affiliated Hospitals, Inc., whose staff conceived of the present study, and whose long-range interest in the neighborhood is greatest among the medical institutions;
- c). Boston State College, whose teacher-training efforts concentrate initially in MH-PH, and whose officials have expressed keen interest in participating in the consortium;
- d). Simmons, Wheelock, and Emmanuel Colleges, whose representatives also expressed interest in the proposed consortium, as a means of further involving the colleges in urban education problems;
- e). The Mission Church, which is both an "institution" and a "community organization", for reasons discussed above;
- f). Harvard University, whose schools of Medicine and Public Health have interests parallel to Affiliated Hospitals', and whose School of Education is committed to working with the Boston Schools toward the improvement of urban education.

Finally, the "participation" which we are urging of the universities (and hospitals) is of an entirely different order than that customarily available when such institutions work with the schools. The MH-PH situation, and most others, demands not quick-and-dirty "consultation, "curriculum trials, and circumscribed "studies" readily convertible to journal articles, but a major share of the time of interested and suitably motivated faculty members and students, for a period in excess (we estimate) of five years. The goals of such involvement are not "service", although service will be a by-product, but the development of two models: one for the involvement of community leaders and community organizations in the planning and operation of schools, and one of new forms of association between universities and schools which can replace the often sterile rituals of the present. Davenport Plumer has developed these ideas more fully in the concluding sections of his Background Paper #1.

Core members of the Harvard Summer Study group are deeply interested in seeing the proposed consortium come into existence. With the approval and support of the School Department, we will continue on our efforts in Mission Hill-Parker Hill.

9. Cooperation among City Agencies. From time to time in this report, we have called attention to the fact that inter-agency cooperation in Mission Hill-Parker Hill leaves much to be desired. Most dramatically, the magnificent facilities of the Tobin Memorial Building are not available to the teachers and pupils of the Tobin School, during school hours. As the planning for new "community schools" progresses, in MH-PH and elsewhere, the opportunities for cooperation will increase; i. e., in the development of a middle school on a part of the site of the present Parker Hill playground.

The resolution of these problems and the realization of emerging opportunities will require skillful and well-timed negotiations at the highest levels of Boston City government. A new Mayor, Council, and School Committee will take office in January, and a period of reorganization and change may ensue. Perhaps this will be a time when some of these problems can be initially confronted.

At any rate, we urge the Superintendent of Schools and his immediate associates to hold themselves ready to intervene, when in their view the planning is sufficiently mature, and the time, diplomatically, is correct.

10. Improved Census Information on Boston Children. The City of Boston is currently investing tens of millions of dollars in new schools. According to legislative mandate, the State Board of Education must insist that these schools be racially balanced, and must push Boston to close or re-district existing imbalanced institutions. Further, millions of City, Commonwealth, and Federal dollars are flowing to the supposed aid of "disadvantaged" children.

To implement these and other policies, planners and administrators need reliable facts about Boston's children: numbers, places of residence, migration patterns, age and racial distributions, schools attended (public, parochial, private), etc.; and they need this information on a block-by-block, neighborhood-by-neighborhood basis. To plan for the foreseeable future, they need this data for pre-school-age, as well as school-age, children.

This information currently does not exist. Used in its stead are creaky projections from the 1960 Federal Census and (occasionally) the 1965 State Census; crude head counts of public school children (only); and scraps of data from studies conducted originally for other purposes (i. e., the Community Health Survey data used in Table 3). In relying on such data, the likelihood of error-----fiscally and politically expensive error-----is immense.

Yet we are aware of no effort by the State Board of Education or State Department of Education to remedy the lack: to establish a regular school and pre-school census throughout the state, or (failing that) to alert the public about insufficiencies of the current information. On the contrary, State, City, and university officials, including ourselves, appear mesmerized by the multitude of pseudo-statistics which can be generated from current data----however unrelated to reality these figures may be. We apologize for the inadequacies of Tables 1 through 5; at the same time, we know that they are the best approximations which current methods can produce.

We recommend that the State Board of Education take immediate steps to gain legislative authority and financial support for a regular, yearly school census in each school jurisdiction in the Commonwealth. The census would be similar to the surveys now conducted by many school districts at their own expense. As an initial step, the Board should appoint a panel of demographers, experts on survey design and operation, school administrators, and planners, to advise on the structure and content of the census. It might be unnecessary to survey all communities each year, or (utilizing modern sampling techniques) to interview all families in a given neighborhood.

The cost of such a yearly enterprise need not be large. A sophisticated enterprise conducted by the State could replace the surveys conducted by the separate school districts, resulting in savings to certain towns and cities. Community residents, college students, and other part-time workers could be employed as enumerators, after training and screening. Relying upon these sources of manpower, and without benefit of expert assistance in survey design, during the past summer the Bromley-Heath Community Health Center surveyed four and one half census tracts at a cost of \$5000, exclusive of keypunching and computer time.

Boston's school building and enrollment balancing are currently going forward on the basis of an elaborate complex of statistical fabrications and misunderstandings----none deliberate, we hasten to add. We urge the State Board of Education to move quickly and decisively.

11. Community Health Clinics in Community Schools. In Section 4 of this Report, we urge the inclusion of community-oriented medical clinics in the facilities and programs of the new schools of Mission Hill-Parker Hill.

Section 4 should be read as an integral part of the present Section. Because of its location close to the hospitals, and its impending isolation from the rest of Boston, Mission Hill-Parker Hill is an ideal neighborhood in which to begin to associate more closely the provision of medical and educational services. As techniques and procedures are perfected in the schools and clinics of Mission Hill-Parker Hill, they can be implemented in other school districts throughout the city and elsewhere.

Section 3: VOCATIONAL-TECHNICAL EDUCATION FOR CAREERS IN THE HEALTH FIELD

The Problem¹

The Boston Metropolitan Area mirrors the national profile of employment in the health field: personnel is in short supply, training programs are fragmentary, career patterns are haphazard, and agencies with ostensibly similar goals are isolated from each other.

Several recent studies indicate a shortage of nearly 5,000 sub-professional employees in hospitals and nursing homes in the Boston area, with the greatest deficit in nursing. Local hospital personnel directors support these figures from their own experience; they need people they cannot find for jobs which increase in number, week by week. This shortage, moreover, will get worse; federal labor projections for the coming decades suggest a steady rise in health manpower needs (as opposed to trends in most other industries) that is not being matched by increases in labor supply. Several national commissions have begun to work on the problem, but they are far from solving it.

The health manpower shortage appears to have several interlocking causes. The lower-level jobs offer low pay, strenuous if not unpleasant working conditions, little status, and few opportunities for advancement. Even in those institutions or job categories where such generalizations do not hold, potential workers may still perceive them as true, leading to much the same effect. Upper-level hospital jobs tend to demand prolonged training, yet offer comparatively low wages for comparatively hard work, again with few opportunities for advancement. The notoriously high rate of personnel turnover in the health industry compounds the problem. In addition, the lack of concern that most hospitals and educational agencies have shown for the interests and feelings of persons living in their immediate neighborhoods has tended to alienate the institutions from potential employees and trainees.

The health industry has traditionally employed a predominantly female labor force, in part because of the Florence Nightingale image, but in part because men have actively avoided health employment. Career advancement for both sexes is limited, a situation often aggravated by the arbitrary standards of the numerous professional associations and worsened by the hospitals' hiring and promotion policies.

Virtually every medical sub-profession requires specialized training, and almost every hospital sets its own institutional standards as well. Many of the larger Boston hospitals run their own training programs, although none of them educates for all the jobs and specialties demanded by the hospital itself. In addition, several universities, notably Northeastern University and Boston University, sponsor post-secondary courses leading to certification in the various health technologies. Private and

¹Detailed documentation for the generalizations in this section may be found in Background Paper #2, by Amy Kovner.

hospital nursing schools and technical schools supplement the manpower supply, and every year brings more MDTA and OEO projects which attempt to do the same. The State system of community colleges includes health-occupations training in its two year program, and several public school systems (Cambridge, Quincy, Blue Hills, others) have created 13th and 14th grade post-secondary technical training programs aimed partly at health employment. In the City of Boston, however, the only paramedical program run by the public schools is at Trade High School for Girls. It produces only a small number of practical nurses and (under an MDTA program) dental assistants.

A number of the local training programs, under public, private and hospital auspices, are justly famed for their high standards and skilled graduates. Many, however, seem to suffer from pedagogical weakness, sloppy work experience, and sluggish placement services; all are frightfully expensive to their sponsors. The balkanization of training programs means that there is little coordination among them, and that the matching of needs with training may be mere coincidence. Moreover, the professional associations combine with the hospitals' individual standards to restrict job mobility both within and among the many institutions.

Virtually every hospital administrator and educator who was consulted voiced the need for a more rational, flexible and coordinated system of paramedical education and employment in the metropolitan area. Yet the continued existence of that need over the years testifies to the failure of the medical-educational-employment complex to create such a network.

The Boston area is an international capital of medicine and education. This fact has two clear implications: a) the manpower available to Boston's medical complex will probably conform to the national pattern of worsening shortages, unless something is done; (b) the Boston area has resources and skills in both education and medicine that would enable it to pioneer new forms of paramedical training, personnel policies and hospital organization. Such a venture, if it drew upon the public and private schools, hospitals, universities and other institutions, could serve as a model for other communities throughout the nation, while also supplying the needs of the local health industry.

The Prospect

Several trends and events at the present time combine to create a situation where prompt and imaginative action by several institutions could begin to solve Boston's health manpower problems.

The Boston School Department is planning a new Technical-Vocational Center to serve the entire city. The Center will include a health occupations component, but its specifics have not been determined.

The planners are adopting a partnership-with-industry model for the entire Center, a format that could go far toward reducing the incoherence of the present paramedical training situation if it were carefully applied to health training. Local medical leaders believe in the desirability of such a model, an attitude that bodes well for medical-educational cooperation.

Several other agencies are initiating paramedical training programs of considerable promise. Boston City Hospital, the Training Center for Comprehensive Care, and ABCD are but three examples of organizations trying to upgrade the quality and quantity of health manpower training and employment. Another institution that has come to the attention of the Summer Study Staff is Hawthorne House, an "educational community center" in the Highland Park section of Roxbury. During the next few years, Hawthorne House proposes to train up to 600 workers for a broad range of sub-professional jobs in the health industry, with funds provided by the federal Manpower Development and Training Administration (MDTA), with the collaboration of the State Departments of Labor and Education. This program will be sufficiently large and flexible to meet some of the area's immediate manpower needs, while also providing an optimal setting for experimentation with techniques and procedures that could later be adopted on a larger scale.

A consortium of medical and educational leaders is forming around the Hawthorne House program. It will include representatives of major Boston hospitals, universities, and job training agencies. Potential additional members include the State Division of Employment Security, the State Department of Education, and the Boston School Department. The group initially will provide advice and technical assistance to the Hawthorne House MDTA program, especially in recruitment, curriculum development, on-the-job training placement, and career development for "graduates." Subsequently, it will design innovative health manpower training programs to be supported (it is hoped) by MDTA "Experimental and Demonstration" funds, which may be used to test and demonstrate new means of providing effective technical-vocational education.

Recommendations to the Boston Public Schools.

1. The Schools, medical institutions, and universities of Boston have a unique opportunity to establish a health occupations training program of regional, national, and even international significance. The local need for such a program is great; the resources to organize it are available on a scale not easily reproducible elsewhere; and the time for beginning the enterprise is propitious. We strongly urge a collaborative effort at creating a paramedical training program, associated with the new Technical-Vocational Center, which can meet the health manpower needs of the entire Greater Boston area. This the program should do in ways which satisfy the

expectations of employers, safeguard the interests of students, and provide examples of exemplary practice to educators and medical people in other communities.

In eastern Massachusetts, Boston's is the only school system large and powerful enough to take the lead in such an endeavor. We urge the Boston School Committee and School Department to make the necessary policy decisions promptly, and to implement them energetically. In succeeding paragraphs, some ways in which the Schools and their potential partners might work toward the ambitious goal have been sketched.

2. In several important respects, thinking about a model health careers training program is well-advanced. A medical component is already assured for the Technical-Vocational Center. The planners of that institution intend to develop its entire program in close cooperation with employers, and to include in all components maximum opportunities for educationally justifiable "on-the-job-training." We urge the planners to persevere in these intentions. We suggest further that they select the health careers component of the Center as the first segment to plan in depth. Representatives of the health industry are eager to work with the School Department. The general design of the health component might later serve as a rough template for other portions of the program of the Technical-Vocational Center.

3. The decision to collaborate with industry in planning and operating the Technical-Vocational Center is fraught with both promise and problems, as the leaders of the Boston Schools are aware. The Schools must be prepared for a rash of unorthodox suggestions as to how technical and vocational education should be conducted: programs for drop-outs and potential drop-outs, residential courses at critical stages in job-training, expanded placement services and on-the-job follow-up by school representatives, "psychological" curricula aimed at remotivating alienated youth and adults, etc. For their own self-protection, the Schools need to develop effective procedures for empirically testing such proposals, rather than accepting or rejecting them on the basis of other more general criteria.

4. With the preceding in mind, we recommend that the School Department join the Hawthorne House consortium, becoming a major partner in the research-and-development effort in health manpower training which is envisioned by the consortium. This step will bring three immediate advantages: a) the Hawthorne House group will gain the assistance of the Schools' considerable experience in technical-vocational education; b) the Schools will be able to suggest and observe experiments with new forms of technical-vocational instruction on "neutral ground" (Hawthorne House), yet also be able to adopt innovative practices in their regular programs almost as soon as they are proven out; c) a prototype for the trial of innovations in job-training in other fields will be established. We

suggest that two or three senior officials of the School Department, knowledgeable about technical-vocational affairs, be specifically assigned to the Hawthorne House consortium. The assignments would not be full-time, but they should be clearly made and vigorously prosecuted.

5. Beyond this, we regard the Hawthorne House consortium as a continuing forum in which School Department representatives will be able to identify the medical, educational, and employment experts with whom they choose to associate in the planning of the health careers component of the Technical-Vocational Center; and also to distinguish the medical institutions which are promising prospective partners for the actual operation of the Center's health-oriented programs. It is possible, but hardly necessary, that the consortium per se might become a special advisory committee to the School Department. The major gain for the Schools will be the frequent contact of their representatives with a broad selection of Boston's medical leaders, not to mention leaders in the fields of employment and higher education. They will thus be able to choose technical advisers and potential collaborators with a degree of foreknowledge not generally available to schoolmen, in Boston or elsewhere.

6. The Boston School Department should use its influence to persuade state and federal authorities, other school systems, and industry (particularly the health industry) of the need for fresh thinking and dynamic programs in technical and vocational education. It is time that the guidelines----both the actual ones and those imposed by custom----which control technical-vocational education be questioned. Leadership in this matter should come from the schools, although not from the schools alone. From our discussions this summer, we know that the thinking of School Department officials is considerably in advance of the programs which by "regulation" they are permitted to offer.

7. The School Department and the Public Facilities Commission should plan school construction, elementary and middle school programs, and academic high school curricula with a view to the promises of the "new" technical and vocational education. For example, the health clinics included in new school buildings should be designed so as to permit their eventual use as sites for on-the-job training of students in the health occupations program of the Technical-Vocational Center.

Recommendations to the Hawthorne House Consortium.

1. The consortium now forming, mostly medical in membership, should expand to include representatives of the Boston Schools, major universities, and other public and private agencies engaged in health manpower training. Although the initial focus of the group will be on the City of Boston, its mandate and membership should fairly rapidly be enlarged to include the entire metropolitan area.

2. The first task of the consortium is to assist Hawthorne House to establish an "orthodox" MDTA training program in the health field; next, it will attempt to develop an "experimental" health training project, again with MDTA funds and at Hawthorne House. But the ultimate goal of the group is the creation of an area-wide institution which offers training for the full range of sub-professional health occupations, and achieves this in a manner which meets the manpower needs of the region's medical employers, provides attractive and challenging career opportunities for employees, and does so through procedures which are educationally sound and financially advantageous. The health careers component of Boston's proposed Technical-Vocational Center seems the obvious vehicle for the attainment of these objectives. Therefore the consortium should make special efforts to support the development of this component, and to co-operate closely with School Department officials, consultants, and the general Advisory Committee on the Technical-Vocational Center which has already been established.

3. The consortium should work with the Boston Schools, the medical institutions, and other agencies to develop new forms of co-operatively-administered technical-vocational education. Under this conception, to which Boston School Department and most hospital officials apparently subscribe, the training agency carries out the functions for which it is best suited, the potential employer performs those for which his operation is appropriate, and the two collaborate on aspects to which both can make a contribution. Thus stated, the notion is simple, but it has been rarely acted upon, in Boston or elsewhere.

4. The consortium should promote continuing evaluations of trends in medical employment in Greater Boston, so that suitable training can be devised for new specialties, shortages in particular fields predicted and forestalled, and training for obsolete jobs replaced by training for essential occupations.

5. The consortium should spearhead a major evaluation of career patterns and personnel policies in the local medical industry. The aim of this study should be the creation in Greater Boston of circumstances in which health-related employment becomes a desirable career; in which relative ease of entry is followed by relevant training and realistic opportunities for advancement. The attainment of this goal may require radical revisions in medical institutions' employment and promotion practices.

Section 4: HEALTH CARE IN MISSION HILL-PARKER HILL

The Problem¹

The health care received by most residents of Mission Hill-Parker Hill is inadequate. Although definitions of good health care vary widely, on the absence of it doctors, hospital administrators and residents all agree. They point especially to the lack of continuity: most people in Mission Hill-Parker Hill have no clinic where they are known, let alone a doctor who knows them. When they are sick, they can almost always get treatment. But it is not necessarily prompt treatment and not necessarily good treatment; it is not necessarily given with an adequate knowledge of their medical history, and not necessarily followed up.

The irony of this situation derives from the fact that Mission Hill-Parker Hill includes one of the world's leading hospital-medical school complexes. Within a few blocks of the homes of most residents are the following institutions: Peter Bent Brigham Hospital, Robert Breck Brigham Hospital, Children's Hospital Medical Center, New England Deaconess Hospital, Beth Israel Hospital, Boston Hospital for Women, New England Baptist Hospital, Massachusetts College of Pharmacy, and the Harvard Schools of Medicine, Dentistry and Public Health.

Despite the unmatched concentration of talent and facilities, there is reason to believe that ninety per cent of illness symptoms in Mission Hill-Parker Hill are never brought to medical attention. And most of those that are reported are treated at Boston City Hospital.

A number of complicated reasons account for this situation. Historically, welfare workers, policemen and local mores have directed "ordinary" people to City Hospital, where the emergency room and out-patient clinics function with a minimum of red tape, advance planning and cost. Yet City Hospital has not proven wholly satisfactory, even to that proportion of Mission Hill-Parker Hill residents who make their way to it. There is little continuity of treatment, the waits are often long and the location is inconvenient. Recently, the financial attractiveness of City Hospital has diminished, as Medicare, Medicaid and more flexible welfare policies have made it easier to purchase health care in other places. Furthermore, the hospitals of Mission Hill-Parker Hill have begun to extend themselves and to offer their services to their neighbors.

¹ Detailed documentation of the medical services situation in Mission Hill-Parker Hill, and bibliographic citations of recent surveys of the neighborhood, are contained in Background Paper #3, by Robert Rafsky.

The neighbors, however, still have many grievances. Not the least of them stems from the hospitals' poor community relations, their land policies, and their traditional stance as sophisticated teaching institutions that cater to the entire metropolitan area, if not the entire world. Hospital clinics still open their doors at hours that are convenient to staff but which wreak havoc with the schedules of working people. Their specialized nature means that a person must take his eyes to one clinic, his lungs to another, and his children to a third; nowhere does he encounter a physician who seems to care about him and his family in their entirety. Moreover, inherent in the high quality care and training that these hospitals seek to provide is a passion for tests, lengthy examinations, referrals and appointments----procedures that bewilder and delay the housing project mother with a sick infant in her arms and four children waiting at home. If she perseveres, she can indeed obtain unmatched medical care, for the hospitals' reputations are deserved. But as recent surveys of Mission Hill-Parker Hill by hospital staff indicate, comparatively few persevere.

The revolution in financing medical care, however, combined with visibly expanded facilities for out-patient care and rising popular expectations, may soon pose some dilemmas for the institutions of Mission Hill-Parker Hill. Are they, in fact, prepared for an influx of patients? Are they willing to help create it? How will they respond to it?

These dilemmas need not be faced, literally, in the hospitals. During the past few years, several "detached" clinics have opened in neighborhoods adjacent to Mission Hill-Parker Hill, notably the Whittier Street Health Center (Boston Department of Health and Hospitals) and the Martha M. Eliot Family Health Center (Children's Hospital-Boston Hospital for Women). Currently, neither serves many Mission Hill-Parker Hill residents, and neither is able to offer "comprehensive" services. The clinics are important, however, because they are deliberately oriented to their immediate communities, and because they are trying to provide a range of services of the sort sought and needed by a working class population.

The Whittier Street and Eliot Centers are relatively small-scale projects, compared to others in Boston and elsewhere, of comprehensive, community-oriented programs. In Boston, the Columbia Point Health Center and the recently-announced Roxbury Health Center are specifically geared (or intended to be) to the needs of their client populations. A striking example of a similar operation is the Gouverneur Ambulatory Unit of New York City's Beth Israel Hospital, which serves the Lower East Side with considerable success and at remarkably lower cost than most OEO-sponsored programs. On the Upper West Side of the same city, St. Luke's Hospital is preparing to open a comparable health center.

Such programs are expensive, and they may fail to provide the best possible medical care: the medical profession is divided as to their

ultimate efficiency and desirability. But in some locations, some hospitals and some medical schools are testing out the possibilities of community-centered, comprehensive clinics. We urge the medical institutions of Mission Hill-Parker Hill to do the same in their own immediate environment.

The emphasis on "comprehensive care" is not only a side effect of the anti-poverty program. The Harvard Medical School recently announced another variation on the same theme, its proposed Prepaid Medical Care plan whereby some thirty thousand Boston area residents will be able to purchase comprehensive group health care through their union, employer or organization. The planners of this program recognize the challenge posed by low-income residents not affiliated with the usual groups, and unable to prepay their own way. It remains to be seen whether Welfare payments, Medicaid, or private grants can subsidize their participation in the program. If so, Mission Hill-Parker Hill residents may be an obvious group to involve, since two of the three sponsoring hospitals (Peter Bent Brigham and Beth Israel) adjoin the neighborhood.

Current plans also include the creation, at last, of the Affiliated Hospitals Center, Inc., a new institution (physically and administratively) that will merge the two Brigham's and Boston Women's Hospital. With a new administration and many present staff eager to try out new mechanisms for the delivery of health care, considerable potential exists for improving the health services available to the neighborhood. One of the major foci of the new Center will be reorganized and expanded outpatient facilities.

Meanwhile, the consortium of Children's Hospital, Boston Hospital for Women, and the Harvard Medical School that operates the Eliot Center in the Bromley-Heath Housing Project is looking for funds and a location to open a similar facility in Mission Hill-Parker Hill. Dr. Eva Salber and her staff intend to take their time in establishing a Mission Hill "twin," in order to profit from the Bromley-Heath experience and to obtain a properly designed and well-located site.

Finally, officials of the Boston School Department are determined to include comprehensive clinics in all schools built in the future. Such a position is consonant with the general policy to make new buildings broadly-based "community facilities." Thus, as Mission Hill-Parker Hill gets new schools, it should also get improved and additional medical services. With proper planning, these services and their physical surroundings could be the very best that modern medicine, social planning, and education can provide, serving as examples not only for Boston but for the whole nation.

A number of problems and trends obviously converges on Mission Hill-Parker Hill, and on the medical institutions that serve or

adjoin it. In the recommendations below, we suggest solutions to the problems which capitalize upon the unique resources of the area and the unusual opportunities of this particular moment in its history.

Recommendations to the Boston School Committee

1. New schools in Mission Hill-Parker Hill should include generous facilities for the provision of comprehensive health care. Through the efforts of the Summer Study staff, representatives of the Public Facilities Commission, the Boston School Department, and the Bromley-Heath Family Health Center have already met to discuss the possibility of the Health Center moving (in part or entirely) to the new Jefferson School. Similarly, a very promising location for Dr. Salber's second clinic is the proposed "Quarry site" school, discussed at length in Section 2. Placed here, the second clinic would be across the street from Affiliated Hospitals' expanded out-patient facilities, with which productive association might develop. Similarly, the clinic could serve as a local center for Harvard's Prepaid Medical Care program, if this is opened to the neighborhood.

We urge the School Department to explore these possibilities vigorously. Key members of the Summer Study staff are eager to assist in this enterprise, if invited to do so.

2. The School Department should neither plan nor operate additional "partial treatment" centers, such as well-baby clinics, unless these are designed and administered in close coordination with other clinics and hospitals. The Schools should encourage the spread of comprehensive health care programs in all neighborhoods in which new schools are constructed. (We are not advocating the abandonment of existing "partial treatment" programs, unless comprehensive programs can be established to subsume them.)

3. The School Department should stand ready to sponsor the public school parents of Mission Hill-Parker Hill (as a "group") for membership in the Harvard Prepaid Medical Care plan. Additional funds from other sources would be needed (and certainly would be forthcoming), but we can think of no other possible action by the School Department which would more clearly demonstrate the reality of its intention to develop a "community-oriented" program in the neighborhood. Undoubtedly, such a move would assist in "balancing" the proposed new schools in the Martin and Jefferson Districts (see Section 2).

4. In the preceding recommendations, we suggest that the Schools enter into complex, unorthodox relationships with the hospitals and clinics on the one hand, with the Mission Hill-Parker Hill neighborhood on the other. Our suggestions assuredly will subject the Schools

to new and confusing pressures: from the hospitals, to operate the clinics so that they are exemplary institutions for teaching medicine; from the neighborhood, to extend relevant services and to hire residents as staff members whenever such a policy is technically justifiable. These are healthy pressures, we feel, not to be regretted. Through sensitive, selective responses to them, a "model" program can be built which will gain the admiration of the whole city.

5. The School Department should explore the possibility of including mental, as well as physical, health services in the programs of the proposed clinics. Both the Massachusetts Mental Health Center and the Judge Baker Guidance Center are involved in establishing a new structure of counseling services for a "cachment area" of Boston which includes Mission Hill-Parker Hill. This reorganization is proceeding under the impetus of the Community Mental Health Act, passed by the Legislature last year.

The Summer Study staff, with its limited time, was unable to explore fully the possibilities of collaboration with this sub-set of the health profession. The plans for a Mental Health Center for Mission Hill-Parker Hill seem fluid. However, every individual at MMHC and JBGC with whom we spoke was personally enthusiastic about working with the Schools. In addition, we learned that the Harvard Medical School may soon join the School Department in an examination of the latter's current provision of psychological and counseling services.

The goal of providing comprehensive health care for a neighborhood demands the inclusion of adequate counseling and testing services. We urge the School Department to continue discussions with appropriate leaders in the field of mental health.

6. All of the preceding suggests the urgency of the School Department sponsoring a further study of its present and planned School Health Program. What should be the relation of the nurses and doctors in this Program to the City's Division of Health and Hospitals? To the proposed clinics in the new Jefferson and "Quarry" schools? To the Prepaid Medical Care plan, if it eventuates? We venture no answer to these and related questions. Clearly, the issue is a complicated one, demanding considerable further investigation.

Recommendations to the Hospitals

It would be presumptuous of us to attempt to define and describe "good" health care to a medical audience. However, our experiences this summer in Mission Hill-Parker Hill, and our conversations with School Department officials, have brought us a special perspective on the provision of medical services in the neighborhood. We want to share that perspective with the medical profession.

1. Our most important conclusion is implicit in our recommendations to the School Department: the neighborhood and the Schools are "ready" for the radical reforms which we have suggested. We urge the hospitals, the Harvard Schools of Medicine and Public Health, and associated institutions to seek out their potential new partners and to work with them with patience and imagination.

2. The hospitals and universities of Mission Hill-Parker Hill are distrusted, disliked, and feared by the neighborhood. This may not upset some institutional representatives, but such men are a dwindling minority of those we encountered over the summer. Most are concerned about community relations, but unsure about how to improve them. We suggest a number of techniques: employing indigenous persons as hospital-neighborhood liaison workers, "advertising" the locations and availability of existing clinics, revising the hours and services provided therein, and listening to the views of neighbors before acquiring real estate or building new facilities. More important, we urge the hospitals to cooperate energetically in the two major projects for Mission Hill-Parker Hill suggested in this report: new "community" schools, and comprehensive, community-oriented clinics. The interests of all parties on and near "The Hill" are blended in these two enterprises.

3. However rational they may appear to medical people, the hospitals of Mission Hill-Parker Hill present a baffling array of clinics, departments, and services to the average citizen of the neighborhood. (And to the average staff member of the Summer Study!) To help people to find their ways among them, we suggest that the hospitals establish a "medical expediter" service, staffed primarily by trained community people, to whom a patient could come for directions, interpretation, technical counseling, perhaps even baby-sitting. Such a service could link the residents of Mission Hill-Parker Hill to the surrounding clinics and hospitals. Eventually, it should be amalgamated to (and continued within) the Affiliated Hospitals' expanded out-patient clinic, the comprehensive clinic in the "Quarry" school, and/or the Prepaid Medical Care plan. The expediter service is an essential component of each of these which deserves to be implemented immediately.

4. We urge the inclusion of the Mission Hill-Parker Hill neighborhood, through the agency of the School Department or some other, in the Harvard Prepaid Medical Care plan which will become operational next year. For the HPMC to be tested thoroughly, a low-to-moderate income group must be enrolled. Mission Hill-Parker Hill is convenient to the offices of the proponents of the plan; more important, it is a neighborhood which has felt, thus far, only the adverse effects of propinquity to Harvard and the teaching hospitals. Perhaps it is time the residents of the area received a share of the "benefits."

5. If the hospitals and/or the Medical School decide to go forward with any of the projects suggested, they should do so only after painstaking communication and planning with the neighborhood. They should anticipate the possibility that the neighborhood will wish to govern its own medical program, as have other districts of Boston, and seek to work out relationships of this sort through which top flight health services can be assured. We have made points such as these ad nauseam in this report, and will not develop them further here. See Sections 2 and 5 for extended comments.

6. Finally, we repeat for a broader audience what many medical informants told us during the summer: the projects we have suggested will be valuable adjuncts to the professional training of advanced medical students, interns, residents, and nurses. Medical educators appear to believe that prospective practitioners should be encouraged to venture into the community, to see patients in the context of their homes and social surroundings, and to view health care as a social and psychological problem, as well as a physical one. Community schools and comprehensive clinics seem excellent prospective sites for this learning to occur----especially if they are located directly across Huntington Avenue.

Section 5: CITIZEN PARTICIPATION IN PLANNING AND OPERATING
PROGRAMS: A RATIONALE FOR MISSION HILL-PARKER HILL

The Neighborhood

The area under consideration overlaps considerably the Parker Hill-Fenway GNRP as defined by the B.R.A., but is not identical to it. Its borders (see Map 1) are the Fenway-Muddy River and Ruggles Street on the north, the Boston and Albany railroad tracks on the east, Heath Street on the south and the Jamaicaway on the west. Another way of delineating it is by saying that when the projected superhighway network is completed in a few years, this neighborhood will be cut off from the rest of the city by the Inner Belt, the Southwest Expressway, the widened Jamaicaway, and the minor mountain that is Parker Hill.

The neighborhood is diverse and complex, with multiple land uses and multiple ethnic and socio-economic groups. A full description is available in the BRA's GNRP outline, and in Background Paper #4 of the Summer Study. The summary that follows is intended to be suggestive rather than inclusive.

The area is bisected by Huntington Avenue, a major artery running out of the City in a southwesterly direction. Huntington Avenue symbolizes the single greatest division in Mission Hill-Parker Hill, for to the north of it is a vast complex of institutions centering around the Harvard Medical School and the Harvard School of Public Health, the Peter Bent Brigham Hospital, the Lying-In Division of Boston Women's Hospital, Beth Israel Hospital, Children's Hospital Medical Center, Massachusetts Mental Health Center and New England Deaconess Hospital. Other major institutions north of Huntington Avenue include Boston State College, Emmanuel, Simmons and Wheelock Colleges, Massachusetts College of Art, Massachusetts College of Pharmacy, Boston Latin and English High Schools, and a site on which the Affiliated Hospitals will build a new hospital and housing project.

There are also institutions south of Huntington Avenue (especially the three hospitals on top of Parker Hill), and homes north of it, but current building plans will remove these "anomalies" by eliminating most of the housing to the north and relocating the hospitals from south to north.

The large residential area south of Huntington Avenue is divided into five distinguishable sectors: (a) the Mission Hill Housing Project: 95% white, mostly persons of Irish descent, and low-income; (b) the Mission Hill Extension Housing Project: 95% Negro, with 2/3 of its residents on public assistance; (c) Mission Hill and Parker Hill proper: mostly middle class whites of Irish descent, whose symbol is the proud tower of the Mission Church; (d) high-rise apartments: mostly well-to-do "outsiders," affiliated with the hospitals and universities, and concentrated in towers along St. Alphonsus Street, and in scattered buildings near the crest of Parker Hill;

(e) enclaves: Greek, Cuban, Puerto Rican and Chinese residents, living in tiny clusters along and between the hills.

The population of this neighborhood approximated 21,000 people at the time of the 1960 census. BRA and ABCD figures indicate a decline in population between 1950 and 1960, followed by a faster decrease in the early 60's. The non-white population has increased slightly, and may now comprise 15% of the area's residents. Most Negroes live in the Mission Hill Extension Housing Project, but some now reside in the Mission Hill Project itself (as the Boston Housing Authority relaxes its policy of separatism), and along Parker Street near the railroad.

It is extremely hard to get accurate population figures, some seven years after the last census. The Summer Staff did, however, spend considerable time in the community, and their impressions corroborate the statistical indications of a declining total population, of which a very slowly growing proportion is non-white. Furthermore, the neighborhood shows other signs of transition. The long-established middle-class parishioners of the Mission Church are moving to the suburbs, and the local congregation is shrinking. Students and young professionals----who attend or work at the neighboring institutions----find the neighborhood convenient, pay high rents, and thus drive out old residents. And the housing itself is literally disappearing, as institutional expansion continues. Even now, Harvard University and its affiliated institutions own almost all the land north of Huntington Avenue, and a good deal to the south as well.

The Problem

Mission Hill-Parker Hill is by no means a unified community; its diverse groups are isolated from each other, and frequently mutually hostile. Black-white tensions are demonstrated by the hostile comments each group makes about the other, by the growing segregation within the public and parochial schools (as white parents put their youngsters into the latter); and by divisions and communications gaps within and among agencies.

Perhaps the greatest tension within the area has arisen between the people who live south of Huntington Avenue and the institutions north of it. Every population group (save the upper middle class) told the Study staff of its fear, mistrust and dislike of the medical-educational complex. Underlying these feelings is the irony of insufficient jobs, housing, health care, and education within the shadow of the internationally-reknowned complex of medical and educational facilities. Institutional land policies have compounded these feelings, and have given rise to active protest movements such as MUNIT, which successfully fought some of Massachusetts Mental Health Center's expansionism. Quite possibly the neighborhood's rejection of the BRA was at least in part the result of a deep-seated feeling that large institutions are not to be trusted.

Much of this antipathy is returned, at least tacitly, by the leaders of the institutions. With the outstanding exception of some crusading physicians and educators, the policy-makers have pursued courses of action that at best ignored and at worst demolished the hopes and aspirations of the neighborhood's residents. Planning----whether for public schools, clinics, housing, libraries or hospitals----has traditionally been done without consulting the surrounding community. Sometimes its results actually aid the neighborhood residents, most notably in the Bromley-Heath Center, and in the "model" Tobin School. But most of the time such planning has either no effect or a deleterious one on the community, and popular discontent receives even more justification.

Much of the lack of common purpose within Mission Hill-Parker Hill results from the heterogeneity of the community. It is not a political entity; it has no all-embracing institutions or organizations. Its residents tend to dislike each other. Even its large institutions compete with each other for scarce resources. And there is no leadership that is listened to by the entire neighborhood.

If these tendencies continue unabated, the best that will happen will be the creation of even more outstanding institutions north of Huntington Avenue, and the creation of a combined ghetto and university slum to the south. The whites will continue to move out, the almost all-white parochial schools will continue to decline, the public schools will become increasingly non-white and overcrowded, rents will continue to rise, and the superhighways will bring isolation.

The same tendencies may bring even worse consequences, however. The past several summers suggest what happens when an embittered and powerless community can take no more, and revolts against the institutions and power structures that buffet it. The controversies over the Patrick Campbell Junior High School, and, more dramatically, New York's I. S. 201, indicate ways in which a community replies to inept school-community relations. The MUNIT protest implies techniques that Mission Hill-Parker Hill may choose to invoke against the hospitals and universities which residents consider oppressive.

An Alternative

We believe that even the best of the above consequences would be unfortunate, that the worst would be calamitous, but that neither is inevitable. Experiences in other communities have suggested ways in which diverse elements can cooperate, and tensions be reduced. We believe that citizen participation in agency planning can improve the caliber of the services offered by the agency, can invigorate the entire neighborhood, and can create a measure of harmony.

This is not a utopian exhortation. In Boston, the Columbia Point Health Center, the projected Roxbury Comprehensive Health Care

Center, the New School, Hawthorne House, the consortium in Charlestown around the Kennedy Family Center, the more active APACs, the Tufts-Quincy School-New England Medical Center group, and the new public schools being planned for Dorchester suggest ways in which citizen-agency cooperation can work. Other cities have similar models.

In each case, planning has been conducted by a group that represents community residents as well as institutions. Community needs and agency needs have been assessed and then combined, often with compromises. The operations of the agencies have included ongoing consultation with community residents, if not community control, and have typically involved hiring local residents to work in the institutions.

We believe that a similar model can be developed in Mission Hill-Parker Hill. Moreover, we believe that it must be developed, if bitterness and potential tragedy are to be averted. We do not minimize the cost of such an effort: institutions and residents alike will have to devote considerable time and effort, will have to invest at least a little money, will have to compromise some of their own preferences and objectives, and will have to develop wholly new patterns of interaction with each other.

Suggestions

We do not want to try to suggest a final model for institution-community cooperation in Mission Hill-Parker Hill. To do so would be to deny the very principle of joint planning that we advocate. We would, however, suggest that the burden of initiating the effort rests with the major institutions of the community, particularly Harvard University, the major hospitals, the Boston School Department, and the Archdiocese, for it is these agencies which must establish a new credibility for themselves. These are, in general, the same institutions we have urged to combine to provide new forms of medical job training and "community" schools. We strongly urge these institutions to hire community organizers and to draw in community residents, so that joint planning may commence for all of Mission Hill-Parker Hill, on a wide range of problems.

We further suggest that such joint planning be genuine and (as these things go) relatively low-risk; i. e., that it begin around proposals which have a reasonable chance of coming into being within the next few years. For this reason we have discussed at length community schools (Section 2) and several avenues to comprehensive health care in the neighborhood (Section 4). In both instances, appropriate institutions are eager to provide the suggested services; lacking are community representation and a central organizing force (or forces).

We hope that this report suggests ways in which these lacks can be filled, and that planning for new schools and health care will presently begin. If so, the Summer Study will have achieved its major objectives.

Appendix 1

MISSION HILL PLANNING PROJECT

PARTIAL LIST OF PERSONS CONSULTED BY THE SUMMER STUDY STAFF

Inclusion in the list below does not necessarily indicate agreement with the recommendations of the Study. The list is as complete (through August) as our records permit; our apologies to individuals whose names we have omitted inadvertently.

I. Medical Services and Institutions

Dr. Joel Alpert
Medical Director
Family Care Program of the
Departments of Pediatrics
and Psychiatry of the
Harvard Medical School

Mrs. Ruth Beauregard
Director of Personnel
Peter Bent Brigham Hospital

Dr. Robert Berg
Beth Israel Hospital

Dr. Robert Buxbaum
Peter Bent Brigham Hospital

Dr. Francis B. Carroll
Director
Boston Veterans' Administration
Hospital

Mrs. Ruth Cowin
Head Social Worker
Martha M. Eliot Family Health Center

Miss Ann Cronin
Director of Personnel
Beth Israel Hospital

Dr. Leonard Cronkhite
Director
Children's Hospital Medical Center

Dr. Charles Davidson
Associate Director of Hospital
Services
Boston City Hospital

Dr. Thomas R. Dawber
Project Director
Boston University Medical Center

Mr. Leo Diamond
Assistant Director of Personnel
Boston City Hospital

Dr. William Dickson
Martha M. Eliot Family Health
Center

Dr. John G. Freymann
Director
Boston Hospital for Women

Dr. Steven Jonas
District Health Officer
Bedford-Stuyvesant Clinic
Brooklyn, New York

Mr. Bruce Jones
Assistant Director of Personnel
Massachusetts Eye and Ear
Infirmary

Dr. John Knowles
Director
Massachusetts General Hospital

Appendix 1 (continued)

Mr. Anthony Kovner
Gouverneur Ambulatory Care Unit
New York, New York

Dr. Alexander Leaf
Jackson Professor of Clinical Medicine
Massachusetts General Hospital

Dr. Sidney Lee
Associate Dean for Hospital Programs
Harvard Medical School

Dr. Leon Lezer
Deputy Commissioner for
Hospital Services
Department of Health and Hospitals
City of Boston

Dr. Theodore Lindauer
Former Director, Drug Addiction Clinic
20 Whittier Street

Dr. Alfred O. Ludwig
Director, Southard Clinic
Massachusetts Mental Health Center

Mr. George Lunn
Director of Personnel
Children's Hospital Medical Center

Mr. Richard Mills
Associate Director for Patient Care
Children's Hospital Medical Center

Mr. Richard D. Munden
Youth Training Coordinator
Boston Veterans' Administration
Hospital

Mr. Gerald W. Mungerson
Administrative Director
Boston Hospital for Women

Dr. Lloyd Muscelles
Director
Peter Bent Brigham Hospital

Mr. Jerome Pollack
Professor of the Economics
of Medical Care and
Associate Dean for
Medical Care Planning
Harvard Medical School

Mr. Lewis Pollack
Assistant Deputy Commissioner,
Community Health Services
(and Health Education)
Department of Health and Hospitals
City of Boston

Dr. Andrew Sackett
Commissioner of Health
and Hospitals
City of Boston

Dr. Eva Salber
Director
Martha M. Eliot Family
Health Center

Mr. Carlton Smith
Director of Personnel
Boston Veterans' Administration
Hospital

Miss Jean Steele
Supervisor of the Roxbury District
Office of the Visiting Nurses'
Association

Mr. Andre St. Pierre
Social Worker
Drug Addiction Clinic
20 Whittier Street

Dr. Leon Tabenhaus
Deputy Commissioner for
Community Health Services
Department of Health and Hospitals
City of Boston

Appendix 1 (continued)

Dr. Paul Torrens
St. Luke's Hospital
New York, New York

Mrs. Elise Waterman
Assistant Director of Personnel
Beth Israel Hospital

Mrs. Marguerite Wood
Director of Personnel
New England Baptist Hospital

Dr. Alonzo Yerby
Professor of Health Services
Administration
Harvard School of Public Health

Educational Institutions and
Training Programs

Dr. Dean Ammer
Professor of Business Administration
Northeastern University

Dr. Alma Bent
Coordinator of Education
Wheelock College

Dr. Robert Bond
Academic Dean
State College at Boston

Mr. Evans Clinchy
Consulting Director
Office of Program Development
Boston Public Schools

Mr. William Cunningham
Associate Superintendent
Boston Public Schools

Miss Velia DiCesare
Employment Service Supervisor
Division of Employment Security
Commonwealth of Massachusetts

Dr. W. G. Dwyer
President
Massachusetts Board of Regional
Community Colleges

Mr. Thomas Flood
Manpower Director
Action for Boston Community
Development, Inc.

Mr. Maurice Ford
Principal
Maurice J. Tobin School

Mr. Edmund Garvey
Director
Springfield Technical Institute
Springfield

Mrs. Suzanne Greenberg
Training Center for Comprehensive
Care
Lemuel Shattuck Hospital

Father Michael Groden
Hawthorne House
42 Hawthorne Street, Roxbury

Dr. William F. Kahl
Provost
Simmons College

Mr. Douglas MacDonald
Research Assistant
Harvard Graduate School of Education

Mr. Spencer MacDonald
Associate in Education
Harvard Graduate School of Education
and Director of Title III Planning
Cambridge Public Schools

Dr. Edmund MacTernan
Director, Division of Allied
Health Professions
Northeastern University

Appendix 1 (continued)

Mr. Henry C. Meadow
Associate Dean for Financial Affairs
Harvard Medical School

Miss Helen Moran
Headmaster
Boston Trade High School for Girls

Miss Grace Nangle
Senior State Supervisor of
Health Occupations Training
Bureau of Vocational and Technical
Education
Massachusetts Department of Education

Mr. Carl Nickerson
Director of Placement
Wentworth Institute

Mr. Vincent Nuccio
Assistant to the President
Boston College

Mr. William Ohrenberger
Superintendent of Schools
City of Boston

Dr. John O'Neill
Associate Commissioner
Division of Curriculum and
Instruction
Massachusetts Department of Education

Miss Rae Picucci
State Supervisor of Health
Occupations Training
Bureau of Vocation and Technical
Education
Massachusetts Department of Education

Mr. Jerome A. Pieh
Assistant to the Dean
Harvard Graduate School of Education

Mr. John Pricoupolis
Research Associate
Wentworth Institute

Mr. Thomas Roche
Director of Vocational Education
and Technical Arts
Boston Public Schools

Mrs. Teresina B. Thompson
Assistant Director
Springfield Technical Institute
Springfield

Mr. William E. Webster
Associate in Education
Harvard Graduate School of Education

Dr. William White
Executive Vice President
Northeastern University

Mr. Donald White
Director, New Careers Program
Action for Boston Community
Development, Inc.

Other Institutions

Mr. Wilbur J. Bender
Committee of the Permanent
Charity Fund, Inc.

Dr. Ralph Berry
Instructor in Economics
Harvard University

Dr. John Bowen
Director, Youth Program
YMCA
316 Huntington Avenue

Appendix 1 (continued)

Mr. Harold W. Demone, Jr.
Executive Director
The Medical Foundation, Inc.

Mr. Malcolm Dudley
Director, Public Facilities Commission
City of Boston

Mr. Richard Green
Associate Director
Cambridge Corporation

Mr. Melvin King
Director
Urban League of Greater Boston, Inc.

Miss Charlotte Meisner
Supervisor, Research Department
Division of Employment Security
Commonwealth of Massachusetts

Mr. Arthur Nelson
Technical Education Research Center
Cambridge

Mr. Hiram Nickerson
Health Education Associate
The Medical Foundation, Inc.

Mr. William Pear
Public Facilities Commission
City of Boston

Mrs. Lisbeth Bamberger Schorr
Director for Program Planning
Office for Health Affairs
Office of Economic Opportunity

Mr. John Sullivan
Public Facilities Commission
City of Boston

Dr. Henry Wexler
Research Director
The Medical Foundation, Inc.

People Who Live or Work in the
Mission Hill-Parker Hill
Neighborhood

Mr. William F. Allan, Jr.
Director, Parker Hill-Fenway APAC
81 Parker Street

Mrs. Joan Bartee
34 Annunciation Road

Mrs. Miriam Becton
Director, St. John's
Community Information Center
1251 Tremont Street

Mr. Joseph Briggs
President, The Brothers 10
86 Prentiss Street

Dr. and Mrs. Beach Conger
102 Crawford Street

Mrs. Clair Craig
20 Smith Street

Mr. and Mrs. William Dacey
158 Calumet Street

Mrs. Nell Daniels
5 Rockville Park

Rev. Richard D'Onofrio
Rector, St. John's Episcopal Church
1251 Tremont Street

Father Gerard Ellinghaus
Mission Church
1545 Tremont Street

Mr. and Mrs. Henry Florentine
1566 Tremont Street

Mr. Armand L. Girard
19 Parker Hill Avenue

Appendix 1 (continued)

Dr. Duane Grimes
121 St. Stephen Street

Mrs. Faith Harding
40 Annunciation Road

Father Vincent Kelly
Pastor, Mission Church
1545 Tremont Street

Mr. Roger Latham
Director, Parker Hill
Employment Center
1424 Tremont Street

Mrs. Patricia MacDougal
18 Iroquois Street

Mrs. Norma Maher
19 Smith Street

Mrs. Marie Moore
Mission Hill APAC
81 Prentiss Street

Mrs. Dorothy O'Donnell
31 Tobin Court

Mr. James O'Rourke
Acting Manager, Mission Hill
Housing Project

Mr. Ralph Pread
Jamaica Plain APAC
30 Bickford Street

Mrs. Joyce Pulley
64 Annunciation Road

Mrs. Ruth Spriggs
Mission Hill APAC
81 Prentiss Street

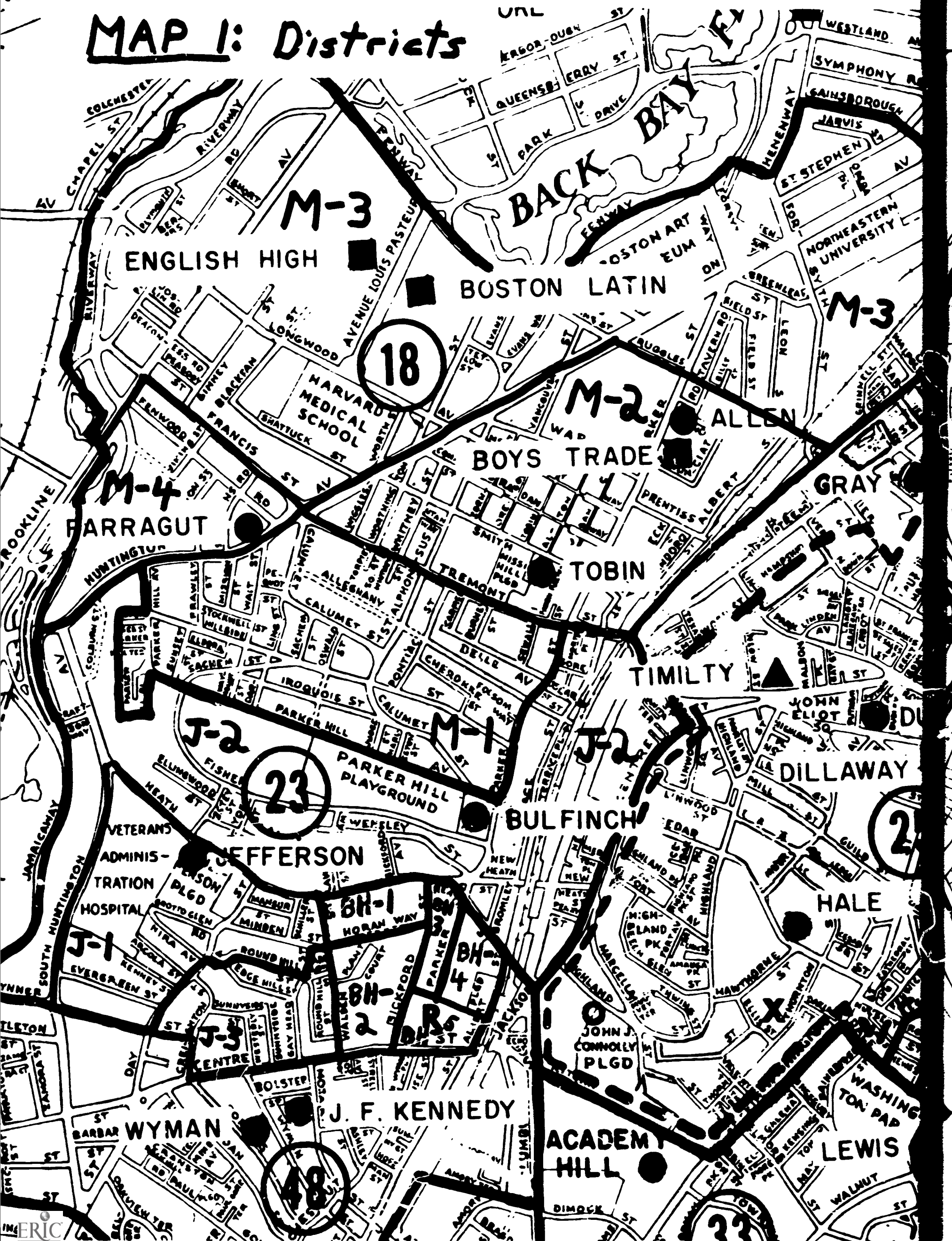
Mrs. Doris R. Trocchi
24 Battery Street

Rev. R. Barnwell Washington
New Life Presbyterian Church
1 Gore Street

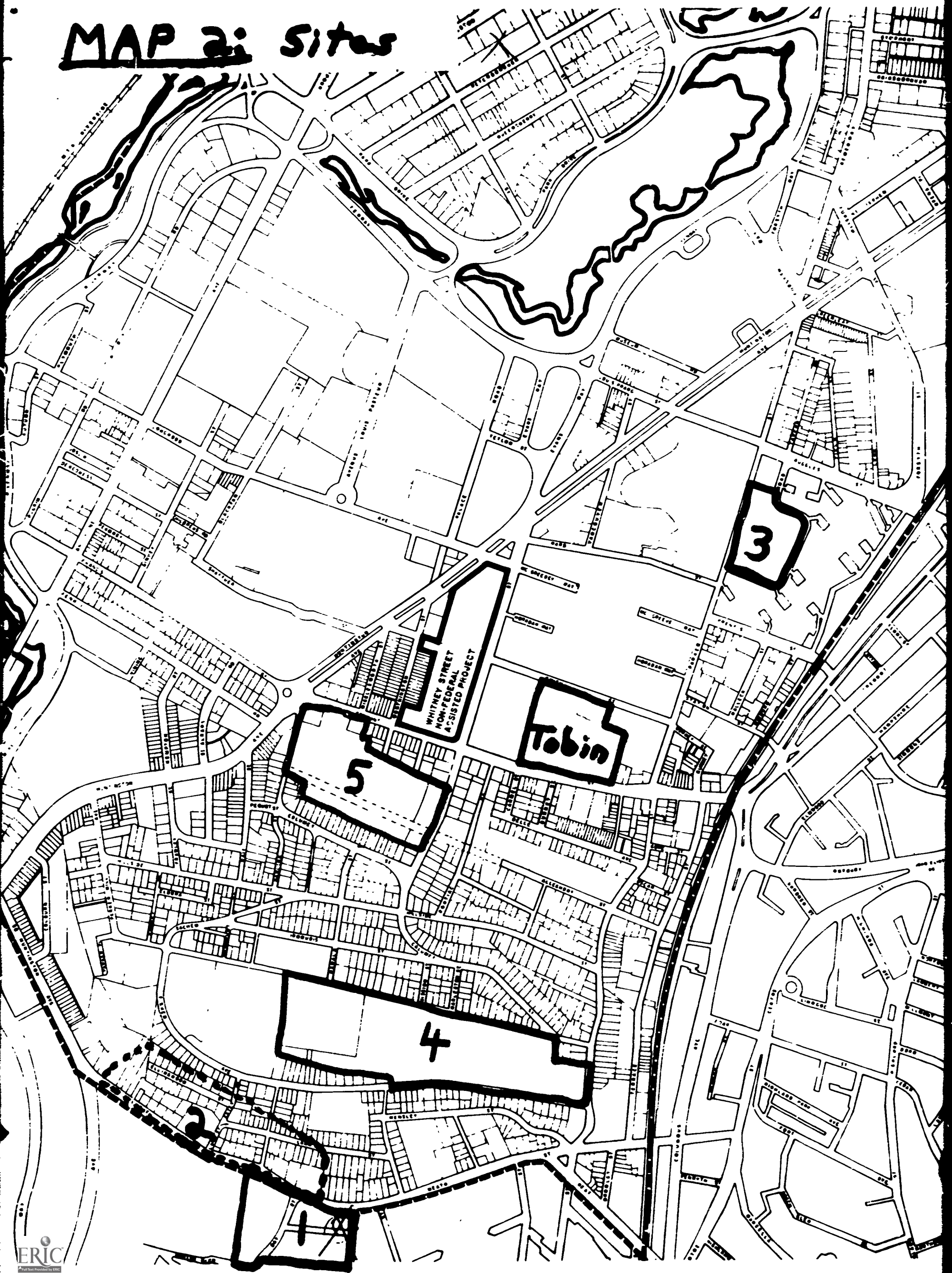
Miss Eileen Wylie
Social Worker
Management Office, Mission Hill
Housing Project

Rev. John C. Zanetos
Dean, Greek Orthodox Cathedral
of New England
514 Parker Street

MAP 1: Districts



MAP 2: Sites



MAP 3: Quarry Site

